

**"I am not quite sure how to deal with kids like that..." Understanding the
unmet needs of parents and early childhood educators in responding to early
childhood aggression.**

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Abstract

Background: Parents' and early childhood educators (ECEs) response toward young perpetrators and victims of physical aggression (PA) and relational aggression (RA) is critical in the intervention of early childhood aggression. Thus, it is important to provide caregivers with the right support to respond to aggressive situations. It is uncertain if the Incredible Years Series (IYS), a popular parent and teacher programme in New Zealand, is adequately supporting parents and educators in addressing PA and RA in early childhood. Moreover, no research has directly asked parents and educators about the types of support they want/need even though interventions are often dependent on the caregivers.

Method: 20 parents and 37 early childhood educators of children aged 3 to 5 years old participated in a semi-structured interview. Three questions regarding how participants respond to early childhood PA and RA scenarios and the types of support they want/need were extracted from the interview. Qualitative content analysis and thematic analysis were used for data analysis.

Results: The themes of Social and Emotional Learning (SEL) and authority-based were most frequently reported by participants responding to perpetrators in the PA scenario. Victims were responded to with intervention strategies that relieve distress in the PA scenario. Intervention strategies in the themes of SEL, authority-based, and information seeking were most frequently suggested in the RA scenario. Victims in RA scenarios are commonly responded to with intervention strategies in the theme of SEL. A comparison of suggested intervention strategies with the recommended strategies of IYS found some alignment. However, the IYS does not provide information and strategies on RA and supports for victims are limited. Parents and educators shared a variety of support they want/need that are unique to their individual context.

Conclusions: This study contributes to the paucity of research on supporting parents and ECEs in responding to young perpetrators and victims of PA and RA. It highlights the gaps that are present between research and practice regarding interventions on PA and RA. There is a lack of parent and

teacher programmes that are suitable for addressing both PA and RA in early childhood. Recognition on the types of supports wanted/needed will assist future intervention programmes and professionals in providing targeted supports that are responsive to the individual context of parents and educators.

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Chapter One: Introduction

"I don't think it is a big deal. Children do that all the time, "You can't play with us" and then five minutes later they are friends [again]."

The attempt to understand the developmental origins of aggression in humans has not only inspired numerous studies (Tremblay, 2005) but has also led to many definitions of aggression across the literature (Hartup, 2005). Despite this, the main consensus is that aggression is an intentional behaviour that inflicts harm on others (Berkowitz, 1993; Coyne et al., 2006; Dodge et al., 2006; Hay, 2005). During early childhood, aggressive behaviours can be observed in infants and toddlers using physical force such as snatching or biting to obtain a toy (Hay, 2005; Peterson & Flanders, 2005; Nærde et al., 2014; Tremblay, 2000). While aggression is said to decrease as the child learns more appropriate social and emotional skills to manage social situations (Alink et al., 2006; Côté et al., 2006; Jambon et al., 2019; Nærde et al., 2014), aggression is a relatively stable trait (Alink et al., 2006; Huesmann et al., 2009; Lochman et al., 2010; Miller-Johnson et al., 2002) that if allowed to persist through childhood, can lead to several long term negative risks and outcomes (e.g. depression, peer rejection) for both perpetrators and victims (Archer & Coyne, 2005; Campbell et al., 2006; Card et al., 2008; Krygsman & Vaillancourt, 2019; Ostrov et al., 2004; Ostrov et al., 2018).

To prevent these negative outcomes, intervention involving primary caregivers will be crucial to provide young children with the frequent and consistent interaction that is required for positive social-emotional and behavioural learning to occur in the place of aggression (Bronfenbrenner & Morris, 2006). These caregivers would include parents and ECEs who spend long hours interacting, teaching and modelling appropriate and acceptable social behaviours to young children (Bandura, 1977). Hence, as key individuals responsible for the prevention and reduction of early childhood aggression, it is important that parents and ECEs are provided with the resources and support they need to help them more effectively respond to early childhood aggression.

During the early years, aggression is predominately seen in two forms: physical and relational aggression. PA uses physical force or threats to harm another individual (Crick & Grotpeter, 1995; Nærde et al., 2014) while RA is a set of behaviours that seek to harm others through manipulating social relationships (Archer & Coyne, 2005; Remillard & Lamb, 2005). Even though these behaviours are often viewed as a typical part of growing up (Sawyer et al., 2011), the malicious and aggressive nature of such behaviours have been documented in studies; indicating young children's capacity to use aggression towards their peers (Alink et al., 2006; Crick et al., 2006; Nærde et al., 2014; Ostrov et al., 2006; Swit & McMaugh, 2012; Tremblay et al., 2004). For example, PA in early childhood can be observed when young children bite or hit their peers while relationally aggressive young children may exclude or threaten to terminate friendship with their peers.

Numerous studies have found that PA reduces in frequency as children get older. However, some children replace PA with more manipulative behaviours, such as RA (Alink et al., 2006; Crick et al., 2004; Côté et al., 2007; Nærde et al., 2014; Tremblay et al., 2004). Such a trend has been suggested by research to be possibly related to the parents' and ECEs' normative beliefs and attitudes on the different forms of early childhood aggression (Hurd & Gettinger, 2011; Lau, 2019; Saracho & Spodek, 2006; Swit, et al., 2018). Normative beliefs are acceptability beliefs that an individual has about whether certain behaviours are appropriate or inappropriate (Ajzen, 2006). For early childhood aggression, the normative beliefs amongst parents and ECEs seem to be that RA is more acceptable compared to PA. Studies have found that parents and ECEs perceived PA as more serious and hurtful than RA and RA as typical behaviour during this developmental period. These beliefs and attitudes may influence parents' and ECEs' intervention of these behaviours whereby they may intervene less frequently and immediately when RA occurs compared to PA (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit, 2019; Swit et al., 2018; Werner & Grant, 2009). This may signal to young children that using RA is more acceptable and less consequential than PA and hence endorse children's use of RA (Hurd & Gettinger, 2010; Swit, 2019; Werner et al., 2006). For example, parents and ECEs were found to use more power assertive

intervention strategies (e.g. reprimands) for perpetrators in hypothetical PA scenarios whereas intervention strategies to respond to the perpetrators in hypothetical RA scenarios were based on discussion and encouragement (Swit et al., 2018). As such, young children may replace PA with RA as an alternative to achieve their goals in social situations to avoid consequences.

On the other hand, do these beliefs and attitudes on RA also lead parents and ECEs to be less responsive to the victims of RA compared to PA? To the researcher's knowledge, only one study (Swit, 2019) in the early childhood years has investigated the intervention strategies parents and ECEs use on both perpetrator and victims of PA and RA; most studies focus on intervention strategies used on the perpetrator but not on the victim (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Werner & Grant, 2008). According to Swit's (2019) study, victims of RA were less likely to be comforted and instead were taught to be more pro-social compared to victims of PA. Would this finding, which seems to suggest that parents and ECEs may tend to be less responsive and perhaps more dismissive towards victims of RA compared to victims of PA, lead young children to perceive their relational victimisation as normal? This cycle of downplaying the seriousness of RA in early childhood may contribute to the desensitisation of RA even though research has established that both forms of aggression in early childhood can have significant negative outcomes (Archer & Coyne, 2005; Card et al., 2008; Godleski, et al., 2015; Gower et al., 2014; Hawker & Boulton, 2000; Kamper-DeMarco & Ostrov, 2017; Krygsman & Vaillancourt, 2019; Ostrov et al., 2004; Ostrov, 2010; Ostrov et al., 2019; Vaillantcourt et al., 2018).

Unfortunately, these findings also extend to New Zealand (NZ) as demonstrated by a recent study (Swit; 2019) which found parents and ECEs in NZ to be holding similar beliefs and attitudes about early childhood aggression. To witness such a phenomenon and gap in knowledge between practise and research in our local context is concerning and needs to be addressed. In 2010, the Ministry of Education (MOE) started the Positive Behaviour for Learning (PB4L) initiative (Boyd et al., 2014) to help combat externalising and challenging behaviours (e.g. aggression) among young

children and school-aged children. To do so, a universal social-emotional learning (SEL) programme known as the Incredible Years Series (IYS) was adopted from the United States (US) and introduced to parents and teachers across NZ. The aim of SEL programmes such as the IYS is to equip parents and teachers with strategies that can facilitate children's social and emotional competencies in order to prevent and reduce future maladaptive behaviours (CASEL, 2012; Webster-Stratton, 2011). Across the extensive selection of SEL programmes available, most of the core strategies are similar (e.g. praising and rewarding appropriate behaviours, establishing rules and boundaries). Thus, participation in the IYS should provide parents and ECEs with "core" knowledge and strategies needed to promote positive social and emotional skills and manage disruptive and challenging behaviours in young children (Webster-Stratton, 2011). The effectiveness of the IYS has been reported in various studies on increasing positive behavioural, emotional, and academic outcomes in children and youths in both home and school settings (Durlak et al., 2011; Mahoney, et al., 2018; Sklad et al., 2012; Taylor et al., 2017; Wigglesworth et al., 2016). Similarly, local studies have also reported increased positive behavioural and emotional outcomes of children with parents and/or teachers who have participated in the IYS programmes in NZ (Sturrock & Gray, 2013; Wylie & Felgate, 2016).

However, in terms of addressing early childhood aggression, it is uncertain if universal SEL programmes like the IYS are sufficient in equipping parents and ECEs with the specific knowledge and strategies required to respond to relational and physical forms of early childhood aggression. As universal parenting and teaching programmes are designed for a wide audience, the knowledge and strategies taught may be too broad to be applicable and effective for targeted behaviours such as aggression. For example, in the IYS, aggression is included as part of an overall umbrella term of *challenging and disruptive behaviours*; it is not clearly defined nor does it make reference to RA. If a parent or ECE would like to gain more knowledge about young children's aggression, especially on RA, he or she will not be able to obtain that information. This prompts another important question

which relates to the type of supports parents and ECEs may want/need to help them respond more effectively to young children's PA and RA.

In order to best support parents and ECEs in facilitating young children's social and emotional development, information on the types of support they want/need will be essential. Each parent and ECE come with their personal experiences, skills and knowledge in regards to PA and RA in young children. According to studies that investigated the unmet needs of caregivers who have children with special needs, caregivers reported wanting a range of different supports that are dependent on a variety of factors. These factors included the settings and severity of the child's behaviours (Brown et al., 2011; Darling & Gallagher, 2004; Ellis et al., 2002; Hart et al., 2015a; Hart et al., 2015b; O'Connor et al., 2019). Findings from these studies may be relevant and true for parents and ECEs in this case as well since they are likely to have various unmet needs that are dependent on their individual context too. In theory, meeting the needs of caregivers may also allow parents and ECEs to feel more competent and motivated in responding to early childhood aggression (Deci & Ryan, 2000; Patterson, 1982). Caregiving distress caused by aggressive behaviours (Calkins, 2002; Crnic & Low, 2002; Friedman-Krauss et al., 2014; Jackson, 2000; Mackler et al., 2015) may also be reduced since parents and ECEs can respond more effectively to young children's aggression with supports that are aligned to their needs.

A way to guide future intervention programmes to be more responsive to the needs of parents and ECEs is to directly ask parents and ECEs what they want/need to better support them (Brown et al., 2011; Ellis et al. 2002; Hart et al., 2015a; Hart et al., 2015b; Siklos & Kerns 2006). Currently, to the researcher's knowledge, no qualitative study has been conducted exploring the unmet needs of parents and ECEs in the area of early childhood aggression even though parents and ECEs know best what they need to support them in managing aggressive situations with young children. This gap in research indicates the need for more studies to be carried out to increase insights into the practical experiences of parents and ECEs in early childhood aggression.

1.1 Aim and Objectives of this Thesis

The aim of this study is to understand the unmet needs of parents and ECEs to more effectively respond to early childhood aggression. In order to achieve this aim, the objectives of this thesis are to; first, investigate the intervention strategies parents and ECEs are already using in their daily practice to respond to PA and RA. Second, compare these intervention strategies with the recommended strategies taught in the IYS. This will allow us to find out whether an existing widely-used intervention programme in NZ is sufficiently providing parents and ECEs with the knowledge and skills that they may currently be lacking around early childhood aggression. Finally, this study will ask parents and ECEs about the types of support they want/need to more effectively respond to young children's aggression. This data will provide us with a more comprehensive understanding about the direction of future research and intervention programmes that are needed to support and meet the needs of parents and ECEs in responding to early childhood aggression. The following research questions sought to meet the above objectives:

- 1) What are the intervention strategies suggested by parents and ECEs in responding to perpetrators and victims of physical and relational aggression presented in hypothetical scenarios?
- 2) Do these intervention strategies align with the Incredible Years Series (IYS) programmes which are widely used in New Zealand?
- 3) What are the unmet needs of parents and ECEs in effectively responding to early childhood aggression?

1.2 Outline of this Thesis

The thesis starts with a general introduction to the topic and the study aim, objectives and research questions. This is followed by a review of past literature on the common strategies used by parents and ECEs and intervention programmes available in addressing young children's aggressive behaviours. Chapter three will explain the methodology and Chapter four presents the findings of this study. Lastly, Chapter five opens a discussion on the key findings of the study and Chapter six

discusses the implications, strengths and limitations of the study and suggestions for future research.

Chapter Two: Literature Review

This chapter begins with the definition of aggression as well as an overview of the forms of aggression in the early childhood developmental period. This is followed by a look into the developmental trajectories of aggression in children and its impact on parents and ECEs. The roles parents and ECEs play in the manifestation and intervention of early childhood aggression is explored, and an outline and review of the Incredible Years Series (IYS) programme is presented. Finally, the theoretical frameworks (i.e. Social Learning Theory and Bioecological Systems Theory) that guide our understanding of young children's aggressive behaviours and the influence of parents and ECEs are explored.

2.1 Aggression in Early Childhood

Aggression is defined as any behaviour that seeks to intentionally inflict physical or psychological harm (Berkowitz, 1993; Coyne et al., 2006; Crick & Grotpeter, 1995; Dodge et al., 2006). The most common forms of aggressive behaviours observed in early childhood are physical aggression (PA) and relational aggression (RA) (Evans et al., 2019; Ostrov & Crick, 2007). PA involves the use of physical force or threats to harm another individual. In the early years, these behaviours can include hitting, biting and kicking (Crick & Grotpeter, 1995). In contrast, RA serves to harm another individual by damaging social relationships. This form of aggression has been found to be more direct and face-to-face in early childhood. RA may include behaviours such as a young child telling a peer “you can’t come to my party if you don’t give me that toy” (Crick & Grotpeter, 1995; Crick et al., 2004). In early childhood, observing an aggressive reaction from a young child is not unusual (Peterson & Flanders, 2005; Tremblay, 2000).

2.1.1 Development of Aggression during Early Childhood

Aggressive behaviours in early childhood tend to be defensive or instrumental (Vitiello & Stoff, 1997) and in part are due to the early maturing brain structures of the child (Paus, 2005). Young children have yet to develop an understanding about the impact of their aggressive behaviours (Schult, 2002; Wellman et al., 2000) and generally lack the skills to regulate and express themselves

during this early stage of life (Szerkowicz, 2004). As a result, there is a higher tendency for them to resort to aggressive behaviours to express their desires and/or resolve conflicts. Children may begin to use PA at approximately 18 months of age, with the behaviour peaking at around two to four years of age (Aline et al., 2006; Côté, et al., 2006; Nærde et al., 2014; Tremblay et al., 2004). However, if the child has a pre-existing neurobiological deficit such as social information processing issues or a dysfunctional amygdala, it may biologically stabilise or increase the aggression (Leff et al., 2010; Nelson & Trainor, 2007; Pardini et al., 2014). Generally, PA decreases when the child matures cognitively, socially, and emotionally and has learned more adaptive social-emotional strategies from their environment to replace the unacceptable aggressive behaviours (Aline et al., 2006; Côté et al., 2006; Jambon et al., 2019; Nærde et al., 2014). On the other hand, studies on RA in early childhood have identified RA in children as young as two and a half years of age (Crick et al., 2006). Unlike PA, RA appeared to increase in frequency across early childhood (Côté et al., 2007; Crick et al., 2004). As the child matures, more indirect and sophisticated forms of RA such as social alienation (e.g. giving the silent treatment) and rejection (e.g. spreading rumours about a peer that causes other peers to reject him or her) are also used (Archer & Coyne, 2005; Crick et al., 2004; Ostrov et al., 2004).

From an ecological perspective, aggressive behaviours may be developed in early childhood through the child's interaction with their immediate social environment (Bandura, 1977; Bronfenbrenner & Morris, 2006). Recent studies on young children's aggressive behaviours have found parents and ECEs using immediate and punitive interventions on PA than RA. This differential response to PA and RA suggests the possibility of children switching over to more relationally aggressive behaviours to avoid negative consequences to attain social goals (Hurd & Gettinger, 2010; Li et al., 2016; Swit et al., 2018; Swit, 2019). Aggressive behaviours may be influenced by the parent's aggressive and permissive behaviours toward their child too. Cullerton-sen and colleagues (2008) found that children who experienced frequent PA from their parents displayed higher PA towards their peers compared to children who had never experienced PA from their parents. Other studies

have shown that children who are victims of aggression may adopt the aggressive behaviours they experienced (Godleski et al., 2015; Ostrov, 2010; Vaillantcourt et al., 2018). Negative parenting practices, which will be discussed later, have also been associated with an increased risk of childhood aggression (Casas et al., 2006; Goodman et al., 2011; Pagani et al., 2010).

2.2 Negative Outcomes Associated with Early Childhood Aggression

Even though aggressive responses may be instinctive for some children during early childhood, persistent use of aggression may lead to a range of negative outcomes for perpetrators and victims (Archer & Coyne, 2005; Campbell et al., 2006; Card et al., 2008; Krygsman & Vaillantcourt 2019; Ostrov et al., 2004; Ostrov et al., 2018). Several studies have found aggression to be a relatively stable trait which, if not intervened, may continue across early childhood into adolescence (Alink et al., 2006; Crick, 1996; Huesmann et al., 2009; Lochman et al., 2010). When there is persistent expression or exposure to aggressive behaviours, both perpetrators and victims risk negative outcomes such as poorer school learning and psychosocial health (Card et al., 2008; Krygsman & Vaillantcourt 2019; Ostrov et al., 2004).

2.2.1 Impact on Perpetrators

Research has shown that young children who engage in PA are at a higher risk of developing negative outcomes such as high levels of depressive and anxious symptoms, poor quality of friendship, inattention and impulsivity, poor academic achievement, peer rejection, and oppositional behaviours (Campbell et al., 2006; Di Giunta et al., 2017; Huesmann et al., 2009; Jambon et al., 2019; Kamper-DeMarco & Ostrov, 2017; Krygsman & Vaillantcourt, 2019). Furthermore, physically aggressive children have also been found to have an increased risk of being physically victimised by their peers (Barker et al., 2008; Kamper-DeMarco & Ostrov, 2017). A longitudinal study by Campbell et al. (2006) followed 1364 children from birth to age twelve and found that children who displayed PA at a high and stable rate from early childhood to middle childhood had the poorest adjustment outcomes compared to children who rarely displayed aggressive behaviours. By age twelve, the children in the "high and stable rate" group reported poorer quality in their relationship with peers

and higher levels of depressive symptoms. Teacher and maternal ratings for these children also indicated a higher number of symptoms found in attention-deficit hyperactive disorder (ADHD), oppositional defiance disorder (ODD), and academic difficulties compared to children who use aggression at a low but stable rate. Children who were moderately-stable in their aggression were scored higher on inattention and impulsiveness symptoms and had poorer academic achievement. Moreover, girls in this group reported more loneliness which suggested the likelihood of peer rejection due to their PA. Children who displayed low but stable levels of PA were also at risk of poor self-regulation, low academic achievement, and depression.

Contrarily, young children who engage in RA and not PA were found to receive greater peer acceptance, experience student-teacher closeness and lower depressive symptoms when in kindergarten (Gower et al., 2014). This may have been due to the fact that children who exhibit RA have the ability to manipulate relationships to their advantage and that a certain level of social interaction is required to engage in RA (Gower et al., 2014). While this may be true, children who predominantly use coercive and aggressive friendship strategies were also reported by other studies to experience negative outcomes in the long run. This included peer rejection, increased risk in internalising symptoms such as depressive disorders (Crick et al., 2006; Murrar-Close et al., 2007), as well as association with other future adjustment problems like ADHD (Zalecki & Hinshaw, 2004) and borderline personality disorder symptoms (Crick et al., 2005).

2.2.2 Impact on Victims

Young victims of PA and RA are also at significant risk of developing undesirable outcomes beyond physical injuries. A meta-analysis found that victims who are rated more strongly on depressive symptoms such as negative affect and thoughts, are generally more socially anxious and have lower global and social self-esteem (Hawker & Boulton, 2000). Similar results have also been found from recent studies, which show that relationally victimised children display an increased risk of internalising behaviour problems (Godleski, et al., 2015; Kamper-DeMarco & Ostrov, 2017; Krygsman & Vaillancourt, 2019). Studies with young victims of aggression in early childhood were

found to have an increased tendency to display PA and/or RA toward their parents and peers (Godleski, et al., 2015; Ostrov, 2010; Vaillantcourt et al., 2018). This may be due to victims modelling the behaviours of their perpetrators and being reinforced to be aggressive if it reduces their own victimisation and increases their social status (Ostrov, 2010). Victims of RA may also be at risk of future social and behavioural problems like substance abuse (Godleski et al., 2015; Ostrov et al., 2004), although a study has also found an increase in pro-social behaviours and a decrease in lying and inattentive behaviours too (Kamper-DeMarco & Ostrov, 2017).

One study investigated the effects of relational, physical, and co-occurring victimisation (i.e. experiencing multiple forms of victimisation) with 231 four-year-olds on depressed affect, asocial behaviours and anxious/fearful symptoms (Blakely-McClure & Ostrov, 2018). Results from the study demonstrated that girls who have been relationally victimised only and boys who have co-occurring victimisation had negative associations with asocial behaviours. Girls who experienced both PA and RA had higher depressive symptoms, anxious/fearful behaviours and poorer asocial adjustment. Findings on children who were only victims of PA were not significantly associated with these negative outcomes. This study thus highlighted the seriousness of being a young victim to RA, and that the negative effects of relational victimisation may be more impactful compared to physical victimisation.

In general, while the literature in early childhood aggression has recognised that there may be some positive outcomes in the use of RA for children, the significant risks and negative impacts of PA and RA on children are still concerning. Thus, in order to prevent possible adverse effects that may interfere with a child's healthy development, early intervention and prevention of PA and RA are critical.

2.2.3 Impact on Parents and ECEs

A young child's aggressive behaviours may influence parents' and ECEs' well-being by potentially increasing caregiving stress and negative psychological well-being (Calkins, 2002; Crnic & Low, 2002; Deater-Deckard, 1998; Friedman-Krauss et al., 2014; Jackson, 2000; Mackler et al., 2015).

A child's escalation in aggression and the caregiver's increasing effort to control the child's behaviour may cause caregivers to experience higher levels of stress and distress (Barry et al., 2005; Calkins, 2002; Crnic & Low, 2002; Deater-Deckard, 1998; Friedman-Krauss et al., 2014; Jackson, 2000). A study by Friedman-Krauss and colleagues (2014) found teachers reporting higher levels of stress in their job when higher levels of child behavioural problems were observed in the classroom. Children who engage in aggressive behaviours also tend to break classroom rules, upset the routines in the centre and incite confrontations with the teachers which increase conflict in the teacher-child relationship (Doumen et al., 2009). Moreover, when children are aggressive and disruptive, teachers are more prone to experiencing burnout due to frustration from managing their behaviours (Hoglund et al., 2015).

Similar results were found in studies with parents where parenting stress was associated with the level of externalising behaviours (e.g. aggression) exhibited by their young child (Mackler et al., 2015; Williford et al., 2007). A systematic review analysed 133 studies on parenting stress and children's externalising behaviours and reported a strong relationship between the two variables (Barroso et al., 2018). When a young child displays higher levels of externalising behavioural problems, parenting stress levels are also higher over time. The high-stress level then affects the psychological well-being of caregivers (Cramm & Nieboer, 2011; Dunn et al., 2001; Hastings, et al., 2005, Murphy et al., 2006) as evidenced by studies that have obtained results indicating an increase in anxious and depressive symptoms amongst parents who experienced parenting stress (Baker et al., 2005; Swaine et al., 2017).

Consequently, the increase in stress may impact the child's behaviour because the positive and open communication with the child is diminished (Ponnet et al., 2013). Parenting and teaching practices may also be negatively influenced and become risk factors for the development of children's aggressive behaviours (Barry et al., 2005; Casas et al., 2006; Hoglund et al., 2015; Williford et al., 2007). Depressive symptoms due to parenting stress have been found to increase children's risk of developing social-emotional dysregulations (Fredreiksen et al., 2019) while teachers who are

emotionally distressed were reported to model poor emotional regulation skills that may reinforce children's negative behaviours (Friedman-Krauss et al., 2014; Raver et al., 2012;). The bidirectional interaction would thereby increasingly affect both the caregivers and the children negatively as the coercive cycle continues. As such, there is a need for interventions to be practical and effective in order to help parents and ECEs break free from the cycle. This in turn may not only reduce young children's aggressive behaviours but also improve the well-being of both caregivers and children too.

2.3 Role of Parents and Early Childhood Educators in Early Childhood Aggression

Parents and ECEs play crucial roles in the child's developmental period because they are prominent caregivers who can interfere with the development of aggressive behaviours. The biologically and behaviourally malleable nature of a child during early childhood (Dawson et al., 2000) means that adults who are consistently spending long hours with a young child will have the ability to influence aggressive behaviours and promote positive social and emotional development (Lochman et al., 2012). The factors pertaining to this ability include parenting styles, preschool environment, normative beliefs on aggression, intervention strategies and the unmet needs of parents and ECEs.

2.3.1 Parenting Styles

Family risk factors such as negative parenting behaviours (Casas et al., 2006; Goodman et al., 2011; Nelson et al., 2012), and parent-child conflict (Jambon et al., 2019; Ostrov & Bishop, 2008; Pagani et al., 2010) during early childhood have been found to be predictors of childhood aggression. Casas and colleagues (2006) investigated three parenting styles (i.e. authoritative, authoritarian, and permissive) of mothers and fathers in relation to early childhood aggressive behaviours with children aged two to five years old. Authoritative parenting is associated with high responsiveness (e.g. warmth and acceptance) and demands that are age appropriate and realistic. Permissive parenting is associated with high responsiveness but low demands which are often characterised as indulgent and excessively lenient. Authoritarian parenting is characterised by low responsiveness and high demands and is seen as over controlling and coercive (Ninivaggi, 2012). The

study revealed that mothers who use permissive parenting styles had daughters who engaged in higher levels of PA and sons who engaged in higher levels of RA. Conversely, authoritative mothers are more likely to have daughters who have low levels of PA. For fathers, an authoritarian parenting style was associated with daughters and sons who engage in high levels of RA.

Studies on the parental use of psychological control behaviours that manipulate and exploit the parent-child bond have also found a correlation with childhood PA and RA (Casas et al., 2006; Nelson et al., 2012). Boys who experienced shaming/disappointment, constraining verbal expressions, love withdrawal, and guilt induction from their fathers were more likely to display PA and RA while boys who experienced shaming/disappointment and love withdrawal from their mothers were more likely to exhibit PA and RA. Daughters who experienced guilt induction from their fathers were more likely to engage in PA while daughters who experienced shame/disappointment and guilt induction from their mothers were more likely to engage in PA and RA.

On the other hand, children who exhibit pro-social behaviours through childhood were found to have parents who used positive parenting techniques consistently through the child's early childhood when compared to children who exhibit chronic aggression (Jambon et al., 2019). Parental warmth was negatively correlated with children's PA and RA (Lau, 2019) and more positive parenting practices were related to lower rates of RA in young children (Kawabata et al., 2011). The role of parents in early childhood aggression is thus emphasised in these studies which highlighted the effects of parenting on young children's development of aggressive behaviours.

2.3.2 Preschool Environment

In 2018, approximately 64.4% of NZ children (aged zero to four) attended a registered early childhood education service for an average of 23 hours and eight minutes per week (Ministry of Education [MoE], 2018). The early childhood setting is usually a child's first experience with peer groups and is a place where emotional regulation and social skills are facilitated by ECEs (Coplan et

al., 2015). As such, the quality of teaching in the early childhood setting is an important factor in the development of a child's social-emotional skills.

Young children who spend long hours in childcare centres that have low stimulation of children's development, low positive regard to children, and low sensitivity to non-distress signals, display more externalising behaviours compared to children in childcare centres that are higher on the above listed aspects (Belsky, 2006; McCartney et al., 2010). Poor classroom climate, which can include critical and negative tone from teachers and low responsiveness to children's needs and feelings, were found to contribute to increases in aggressive behaviours (Thomas & Powers, 2011). In contrast, young children with emotionally-supportive ECEs have been reported to display lower levels of aggression and higher behavioural self-control compared to children in less supportive classrooms (Merritt et al., 2012). Emotionally-supportive ECEs were seen as kind, warm and sensitive to the social and emotional needs of children and possessed the ability to provide positive guidance, communication and body language to support social and emotional learning (Merritt et al., 2012).

The ECE's ability to provide quality care is also affected by the preschool environment they are working in such as those in an open-group childcare centre (i.e. centres with large open spaces where there is a mix of children and ECEs across classrooms). ECEs in open-group centres reported increased strain and complexity in interacting and bonding with children and their colleagues (Seland, 2009, as cited in Skalická et al., 2015). The open concept also made it difficult for ECEs to provide immediate and sensitive emotional support to children with behavioural issues compared to traditional classrooms where ECEs have a fixed number of children to care for (Seland, 2009, as cited in Skalická et al., 2015). A study on open-group day-care centres found that children in open-group day-care environments experienced more teacher-child conflict in first grade and less closeness in the teacher-child relationship during preschool compared to children in traditional classrooms (Skalická et al., 2015). Moreover, young children who displayed high levels of behavioural problems in an open group environment predicted high levels of teacher-child conflict compared to dysregulated children in traditional centres (Skalická et al., 2015).

2.3.3 Normative Beliefs

The normative beliefs parents and ECEs hold on early childhood aggression is also a factor to consider in the development and intervention of aggressive behaviours in young children. Recent studies have consistently indicated that parents and ECEs perceive PA as more serious and harmful compared to RA and that these beliefs subsequently direct the parents' and ECEs' response to aggressive situations (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019).

A local study by Swit (2019) recruited parents and ECEs in a mixed method study to explore how parents and ECEs perceive PA and RA and the reasons for their perceptions and beliefs. Participants were provided with vignettes of hypothetical PA and RA scenarios and asked a series of questions in regards to each of the scenarios. Findings from the study indicated parents and ECEs viewed the PA scenarios as more serious than the RA scenarios. Their different perceptions were based on several factors including viewing PA as more harmful and unsafe and thus warranted a more immediate and direct intervention response. On the other hand, parents and ECEs in the study viewed RA to be not as serious as PA because the risks of physical harm and injury are lower. A small number of ECEs also believed that RA is a normative behaviour for young children and does not warrant intervention unless necessary.

The presence of such normative beliefs on PA and RA in parents and ECEs is concerning because as discussed above, both PA and RA are associated with negative outcomes that are detrimental to young children's well-being and neither should be taken less seriously than the other (Archer & Coyne, 2005; Campbell et al., 2006; Card et al., 2008; Krygsman & Vaillancourt 2019; Ostrov et al., 2004; Ostrov et al., 2018). Moreover from a social-cognitive learning perspective, children develop their normative beliefs by processing information based on how their own behaviours are reinforced as well as from observing the behaviours of others (Crick & Dodge, 1996; Huesmann, 2018). When parents and ECEs believe that RA is typical and thus respond lightly to or ignore it, children may interpret the parents and ECEs attitude to RA as a message that it is not

wrong and is a normal and acceptable social behaviour (Goldstein et al., 2002; Huesmann & Guerra, 1997; Swit et al., 2016; Werner et al., 2006; Werner & Grant, 2009). The adoption of such normative beliefs may then increase the likelihood of children using RA during social situations, as found in studies conducted with school-aged children (Henry et al., 2000; Murray-Close et al., 2007; Musher-Eizenman et al., 2004; Werner & Nixon, 2005; Werner & Hill, 2010).

2.3.4 Intervention Strategies

The intervention strategies used by parents and ECEs in response to aggressive behaviours is another important factor that highlights the crucial role parents and ECEs play on early childhood aggression. The types of intervention strategies implemented are likely to be influenced by the beliefs held, such as the perception of PA to be more serious and harmful than RA (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019a). A review of the literature on the intervention strategies used by parents and ECEs on young children's aggressive behaviours revealed that the caregivers are more likely to, if not always, intervene when PA occurs compared to RA (Colwell et al., 2012; Hurd & Gettinger, 2011; Lau, 2019; Swit, 2019a; Swit et al., 2018; Valles & Knutson, 2008; Werner et al., 2006). For the majority of these studies, parents and/or ECEs are presented with hypothetical scenarios of children exhibiting PA and/or RA and asked how they would respond to the perpetrators in this scenario. The methods of responding were either through open-ended survey questions or a quantitative survey (Colwell et al., 2012; Hurd & Gettinger, 2011; Lau, 2019; Swit, 2019a; Swit et al., 2018; Valles & Knutson, 2008; Werner et al., 2006); to the author's knowledge, there are currently no studies which have used semi-structured interviews to ask parents and ECEs directly how they would intervene with both perpetrators and victims in the hypothetical scenarios.

Perpetrators of PA are often met with intervention strategies that are more power-assertive (e.g. stating of rules, reasoning to change behaviours) and/or are negative consequences (e.g. time-out, punishment) compared to perpetrators of RA as it is perceived as more serious and harmful (Colwell et al., 2012; Hurd & Gettinger, 2011; Lau, 2019; Swit, 2019a; Swit et al., 2018; Valles &

Knutson, 2008; Werner et al., 2006). If perpetrators of RA are met with intervention strategies, parents and ECEs tend to use strategies that are less direct, and more passive, such as engaging the perpetrators in discussion about their behaviour (Colwell et al., 2012; Hurd & Gettinger, 2011; Swit 2019a; Swit et al., 2018; Valles & Knutson, 2008; Werner et al., 2006), or promoting social skills like problem-solving and empathy (Colwell et al., 2012; Hurd & Gettinger, 2011; Swit, 2019a; Swit et al., 2018).

Intervention strategies for victims are rarely studied which makes it difficult to establish whether there's a difference in how parents and ECEs respond and support victims of PA and RA (Swit, 2019a). As victims of aggression are at risk of negative outcomes (Blakely-McClure & Ostrov, 2018; Godleski, et al., 2015; Hawker & Boulton, 2000; Kamper-DeMarco & Ostrov, 2017; Krygsman & Vaillancourt, 2019; Ostrov et al., 2004; Vaillantcourt et al., 2018), it is critical that parents and ECEs provide victims with the appropriate support that will help them navigate successfully in subsequent aggressive situations (Kochenderfer-Ladd & Skinner, 2002; Ostrov & Kamper, 2015).

In one study, mothers indicated a higher likelihood to intervene when their child is the perpetrator rather than the victim but provided no more details on how victims were supported (Colwell et al., 2012). Hurd and Gettinger (2011) reported a slightly higher percentage of parents and ECEs who would talk to both perpetrators and victims in a RA scenario compared to in a PA scenario while Werner et al. (2006) presented results which indicated that mothers are more likely to use redirection and reassurance strategies on their relationally victimised child. While these studies do give some insights into how parents and/or ECEs respond to victims, the lack of focus on the victims does not comprehensively tell us how exactly parents and ECEs are responding to victims in both PA and RA.

Currently, only one mixed-method study has been found to explore intervention strategies on both perpetrators and victims of aggression in early childhood. Parents and ECEs in the study (Swit, 2019a) reported a higher likelihood of approaching the victim when the victim is involved in a PA scenario compared to an RA scenario which is consistent with the normative beliefs that RA is less

serious and harmful than PA. The study also found that the intervention strategy of comforting, affirming, and encouraging the victim is the most common response towards the victim in the PA scenarios whereas most parents and ECEs would respond to the victim by teaching them pro-social skills (e.g. voicing out to the perpetrator) in the RA scenarios (Swit, 2019a). While it is uncertain why participants specifically chose their intervention strategies, the findings seem to suggest that the normative beliefs parents and ECEs have on aggression have led to the assumption that because victims are more hurt by the PA, they needed more comforting than victims of RA (Swit, 2019a). Moreover, because RA is perceived as typical and less serious, parents and ECEs may not see the need for them to be involved. Instead, victims are encouraged to resolve the aggressive situation independently (Swit, 2019a).

The evidence gathered from the above studies suggested that the types of intervention strategies used by significant adults such as parents and ECEs can influence young children's use of aggression toward their peers. When no intervention or a more passive response is given to an aggressive behaviour, children may be led to believe that certain aggressive behaviours (i.e. RA) are more acceptable than the other (Hurd & Gettinger, 2010; Swit, 2019a; Werner et al., 2006). While children may reduce the use of PA to avoid the unpleasant consequences from parents and ECEs, the use of RA may increase as that is often either ignored or has a lesser consequence compared to PA (Colwell et al., 2012; Coplan et al., 2015; Hurd & Gettinger, 2011; Li et al., 2016; Lau, 2019; Swit et al., 2018; Swit, 2019a; Werner et al., 2006). More research will be needed to gain insights into the types of support young victims are receiving from parents and ECEs during aggressive situations and how these supports may possibly be linked to the negative outcomes of victimisation (Hurd & Gettinger, 2011; Kochenderfer-Ladd & Skinner, 2002; Ostrov & Kamper, 2015; Swit et al., 2019a). Therefore, a qualitative approach in this area would provide a deeper understanding of why parents and ECEs choose to use certain intervention strategies to respond to different forms of aggression. Such information may uncover the gaps in knowledge and practice that exists amongst caregivers

which can be used to direct future intervention programmes to bridge the gaps and reduce the risks of aggression as soon as possible from early childhood.

2.3.5 Unmet Needs of Parents and ECEs

As noted extensively, parents and ECEs play a critical role in the intervention of young children's aggression. Thus, it is essential that parent and teacher programmes provide them with the relevant support they need/want to effectively respond to young children's aggressive behaviours (Brown et al., 2011; Hart et al., 2015a; Hart et al., 2015b; Pretis, 2011; Siklos, & Kerns, 2006). Caregivers' daily interaction with young children provides them with experiences and knowledge of the practicality of intervention strategies in their context. Their experiences, therefore, allow them to better understand the type of support they need to support young children's social and emotional development (Hart et al., 2015b; O'Connor et al., 2019; Siklos & Kerns, 2006). Yet, there is a paucity of studies that have explored parents' and ECEs' professional development and learning needs related to PA and RA. In the studies that have investigated the needs of caregivers of children with special needs, their findings unanimously highlighted that caregivers have different needs that are dependent on a variety of factors (e.g. severity of the child's behaviours, setting, culture). These needs and their influencing factors would not have been understood if caregivers had not been asked directly about their needs (Brown et al., 2011; Hart et al., 2015a; Hart et al., 2015b; O'Connor et al., 2019). As such, asking parents and ECEs what they want and need to more effectively respond to young children's aggressive behaviour will provide more insight into the gaps between theory and practice. This information can be used to inform future parent and teacher programmes to ensure they more closely align with the needs of parents and teachers today.

Meeting the needs of parents and ECEs may also increase their motivation to implement the knowledge and intervention strategies taught in the parent and teacher programmes. When intervention programmes are directed by the unmet needs of parents and ECEs, programme facilitators may have an increased understanding on the goals of the caregiver (Brown et al., 2011; Hart et al., 2015a; Hart et al., 2015b; O'Connor et al., 2019). Intervention programmes may thus be

able to work with parents and ECEs on their individual needs and goals. The alignment of goals and a positive attitude with the programmes may in turn increase caregiver's motivation and confidence in delivering the intervention strategies (Gorss et al., 2001; Hart et al., 2015b; Pretis, 2011; Schonery-Reichl, 2017). This will, therefore, enhance the effectiveness of the intervention strategies and help reduce young children's aggressive behaviours (Schonery-Reichl, 2017).

2.4 Social-Emotional Learning (SEL) Programmes for Early Childhood Aggression

Social and emotional learning (SEL) refers to the development of social-emotional competencies that are essential in children and adults (Zins & Elias, 2006). Studies on SEL have been extensive and evidence from research has demonstrated the effectiveness of fostering social and emotional competencies with children and youth through structured curriculums (CASEL, 2012; Durlak et al., 2015) commonly termed SEL programmes. In recent years, a number of meta-analyses have been conducted across the vast literature of SEL programmes and they have reported a significant association between SEL programmes and increases in positive behavioural, emotional, and academic outcomes on children and youths in both home and school settings (Durlak et al., 2011; Mahoney, et al., 2018; Sklad et al., 2012; Taylor et al., 2017; Wigglesworth et al., 2016). One such SEL programme is the Incredible Years Series which is currently offered to parents and teachers in NZ to help prevent and respond to maladaptive behaviours among young children (MoE, 2019).

2.4.1. *The Incredible Years Series and New Zealand*

In 2015, the MoE launched the Positive Behaviour for Learning (PB4L) initiative as an effort to address problem behaviours, improve children's well-being and educational achievement in schools and early childhood centres throughout NZ (MoE, 2015). As part of the initiatives to help parents, whānau and teachers, the Incredible Years Series (IYS) parent and teacher programmes were brought into NZ as a targeted programme designed for *at risk* children (MoE, 2015). The IYS is an evidence-based SEL programme that has been widely praised, with numerous studies reporting the effectiveness of the programme in reducing symptoms of conduct problems such as PA and non-compliance (Leijten et al., 2018; Menting et al., 2013; Nye et al., 2019; Webster-Stratton et al.,

2008). In spite of that, an independent review of the IYS has also highlighted certain gaps in the evidence that warrants further exploration. For instance, there are few studies that demonstrate the long term effects of the IYS and few independent studies have been conducted on the impact of the IYS on the development of infants and toddlers (Pidano & Allen, 2015).

2.4.1.1. The Incredible Years Parents Programme. The Incredible Years Parent Programme (IYPP) is a 14-session programme that occurs once a week for two hours for parents with 3- to 8-year-old children. During the sessions, parents learn about positive parenting, how to address problem behaviours and how to promote positive behaviours at home. The IYPP is provided by 51 non-government organisation across NZ through the support from MoE special education staff (MoE, 2015). The sessions promote parenting competencies as a mechanism of change for children's social competence and emotional regulation. The increases in positive social and emotional development were found to lead to an increase in child's social competence, emotional regulation, and academic achievement while decreasing the risk of conduct problems, substance abuse and violence.

A pilot study on the IYPP used a repeated measures design with 166 parents recruited from Bay of Plenty (N=56), Canterbury (N=57) and Mid-Central (N=53) (Sturrock & Gray, 2013). Parents were interviewed at baseline, mid-programme, post-programme, and 6 months follow up, along with weekly parent reports. Educators of the respective children also completed questionnaires at the start, end, and at follow-up. The results showed significant improvement in children's behaviours of ODD, self-control, social competence and conduct disorder (CD), ADHD and anxiety/withdrawal and this was sustained at the six month follow up as well. Improvements were also shown in positive parenting and parental involvement, as well as a reduction in the use of corporal punishment and inconsistent discipline. These improvements were maintained for the six months after parents participated in the training. Educator's reports on children's behaviours showed small but significant improvements that were also sustained after follow-up (Sturrock & Gray, 2013).

2.4.1.2 The Incredible Years Teachers Programme. The Incredible Years Teachers Programme (IYTP) caters to ECEs of students aged 3- to 8-years-of-age and sessions occur once a month over six months with a one-day follow-up workshop three months later. During the training, ECEs learn about attention, encouragement, praise, and use of positive reinforcements to motivate and reduce maladaptive behaviours presented in children. ECEs are also trained in promoting positive relationships, social skills, problem-solving skills and anger management in children to encourage social and emotional learning from an early age. The provision of the programme in the early childhood context is led by early childhood organisations and non-government organisations through the support from MOE special education staff (MoE, 2015).

An evaluation summary report on the IYTP from the New Zealand Council for Educational Research (NZCER) was published in 2016. 1103 ECEs and primary school teachers responded to a follow-up survey eight to nine months after completion of the IYTP (Wylie & Felgate, 2016a). The key finding of the evaluation was that more than 70% of ECEs reported children in their class showed less disruptive behaviours, had an increased focus on learning activities, improved self-regulation and problem-solving skills, and the ability to ignore peer's negative behaviours. ECEs also indicated an increase in their confidence in managing children's behaviours after completing the programme and 90% of teachers felt they had gained relevant knowledge from IYTP (Wylie & Felgate, 2016b).

Despite these positive findings, the survey also indicated that ECEs reported using only a third of the IYTP strategies "often" or "very often" (Wylie & Felgate, 2016c). ECEs reported that some of the challenges preventing consistent practice include the early childhood environment (e.g. high educator-child ratio) and lack of consistency among colleagues (Wylie & Felgate, 2016c). As early childhood centres typically have more than one educator in the classroom, being the only ECE in the centre who has completed the programme may lead to inconsistency with other colleagues when addressing target behaviours (Wylie & Felgate, 2016c). Thus, it seems important to work collaboratively with ECEs to determine what kinds of support and strategies they might find useful

and practical in their context to increase adherence, usage, and long term sustainability of the intervention programme.

2.4.2 Incredible Years Series and Early Childhood Aggression

Although the IYS has been found to demonstrate some effectiveness in supporting young children's social and emotional development (Sturrock & Gray, 2013; Wylie & Felgate, 2016a; Wylie & Felgate, 2016b; Wylie & Felgate, 2016c), it is uncertain if the programme is adequate in reducing young children's aggressive behaviours. Even though aggression is one of the behaviours targeted in the programme, the definition of aggression is often general and unclear (Sturrock & Gray, 2013; Webster-Stratton et al., 2008; Wylie & Felgate, 2016a). For example, in the studies conducted in NZ, PA and RA were not distinctively defined and aggression was placed with other behaviours under the variable: "disruptive activities". The studies also did not report whether these "disruptive activities" were reduced (Sturrock & Gray, 2013; Wylie & Felgate, 2016a). In addition, these studies are all based on self-reports by parents and ECEs and no data were collected from participants who declined or dropped out of the studies. This suggests a possible bias in the data collected as caregivers who find the IYS effective may be more likely to complete the programme compared to caregivers who did not complete the programme (Schonert-Reichl, 2017). Therefore the results may have been skewed towards more positive outcomes (Sturrock and Gray, 2013; Wylie & Felgate, 2016a).

More importantly, the IYS appeared to have a lack of information and strategies addressing RA. The absence of knowledge and awareness surrounding RA may continue to reinforce parents' and ECEs' normative beliefs on RA being more acceptable and typical in early childhood (Leff et al., 2003 Yoon et al., 2004) which may then continue to reinforce young children's use of RA (Colwell et al., 2012; Coplan et al., 2015; Hurd & Gettinger, 2011; Li et al., 2016; Lau, 2019; Swit et al., 2018; Swit, 2019a; Werner et al., 2006). The relationally aggressive behaviours will also become more covert and complicated as the child grows older (Archer & Coyne, 2005; Crick et al., 2004; Ostrov et al., 2004), making it more difficult to detect and also intervene; especially when social groups and

reputation are also becoming increasingly important in the individual's life (Leff et al., 2010). Additionally, as PA and RA may have different developmental factors, strategies targeted at PA may not be appropriate for RA (Leff et al., 2010; Ostrov et al., 2009; Zahn-Waxler et al., 2006). Thus, the intervention strategies used to respond to these different forms of aggression should also be differentiated, particularly during the early years when young children's behaviours are more malleable.

As briefly highlighted before, the collaboration between parents and ECEs to ensure consistency in their interaction with the child both at home and in the centres can also help to increase the effectiveness of intervention programmes to address early childhood aggression (Domitrovich & Greenberg, 2003; Waasdorp et al., 2016). The IYPP and IYTP are two separate programmes that do not necessarily involve a collaborative partnership between parents and ECEs during the sessions. Thus, there may be some inconsistency in practice between the home and early childhood centre. A way to increase the effectiveness of intervention programmes on early childhood aggression in a local context may be to seek input from parents and ECEs so as to align teacher and parent programmes such as IYS in ways that allow parents and ECEs to work collaboratively together. If not, similar programmes may continue to fall short because it is difficult for parents and educators to maintain adherence while handling other contextual challenges present in home or early childhood education settings.

Therefore, by analysing a widely used programme in a local context (i.e. IYS) and comparing that to the data gathered from parents' and ECEs' on the intervention strategies they use on perpetrators and victims of PA and RA, any gaps or mismatches in knowledge and strategies that are currently present can be identified. This information may then assist in guiding future early childhood aggression research and teacher and parent programmes to align with the needs expressed by parents and ECEs so as to provide strategies that are relevant, practical and sustainable in the home and early childhood settings.

2.5 Theoretical Frameworks

The theoretical frameworks that underpin this thesis are the Social Learning Theory (Bandura, 1977) and the Bioecological Systems Theory (Bronfenbrenner & Morris, 2006). The two theories help to guide and accentuate the important role parent's and ECEs' play in influencing young children's aggressive behaviours and the need to effectively support caregivers in mitigating young children's aggressive behaviours.

2.5.1 *Social Learning Theory*

The Social Learning Theory (SLT) posits that learning happens in a social context which interacts dynamically and reciprocally amongst the person, environment and behaviour (Costlow & Bornstein, 2018). Some key concepts that were discussed by Bandura (1977) in SLT are observational learning, modelling and reciprocal determinism.

In early childhood, parents and ECEs who spend a significant amount of time interacting with young children are often role models for children in observational learning. Young children would observe the behaviours displayed by their parents and ECEs and determine whether the observed behaviour is reinforcing or motivating enough for them to model those behaviours (Bandura, 1977). In this case, the intervention strategies selected by parents and ECEs in responding to young children's PA and RA send important messages to young children who are still learning the appropriateness of different social behaviours. For example, when PA is consistently met with more immediate and power assertive intervention strategies compared to RA (Colwell et al., 2012; Hurd & Gettinger, 2011; Lau, 2019; Swit, 2019a; Swit et al., 2018; Valles & Knutson, 2008; Werner et al., 2006), young children will observe the differences and learn that PA leads to undesirable consequences while RA seems more acceptable (Hurd & Gettinger, 2010; Li et al., 2016; Swit et al., 2018; Swit, 2019a). Additionally, parents and ECEs may also be observing the intervention strategies used by other adults in their social environment to help inform their own responses to young children's aggressive behaviours. For instance, an ECE who is new to the industry may frequently observe her mentor mediating a solution between the perpetrator and the victim after an aggressive

episode. The new educator may thus learn from observation that when an aggressive situation occurs, the intervention strategy to use is to be a facilitator and help the perpetrator and victim mediate through the situation (Bandura, 1977).

The SLT also emphasised the role of modelling in influencing an individual's learning (Bandura, 1977). Learning through modelling requires individuals to be attentive to the "model behaviour" and the consequences following the "model behaviour". The observed behaviours are then retained and cognitively stored for future access. Individuals can later reproduce the observed behaviour by accessing the retained information. Finally, depending on the responses they received from the reproduced behaviour, children will gain or lose motivation in repeating that behaviour in the future (Costlow & Bornstein, 2018). Thus, the types of intervention strategy used by parents and ECEs and the consequences that follow may direct the modelling process of young children and other adults. For example, a parent frequently uses aggressive intervention strategies such as psychological control (e.g. love withdrawal) (Nelson et al., 2013) to get the child to abide with him/her. The child learns that these aggressive strategies used by the parent have been effective in making him/her abide by the parent. The child may then in turn model the parent's aggressive behaviour on his/her peers through relationally aggressive behaviours like friendship withdrawal to get their peer to abide with him/her (Casas et al., 2006; Nelson & Crick, 2002; Nelson et al., 2013). When the child experiences success in using RA without intervention, he/she will be positively reinforced to use RA to attain social goals (Hurd & Gettinger, 2010; Li et al., 2016; Swit et al., 2018; Swit, 2019a). Similarly, parents and ECEs may model the intervention strategies used by other caregivers when they witness those intervention strategies succeed in stopping or reducing aggression; assuming they are motivated to reduce young children's aggressive behaviours (Bandura, 2001). For instance, if a caregiver saw a child reduce his/her hitting behaviour after being made to sit away from the peer every time he/she hits; the caregiver may model the intervention strategy that he/she observed when they encounter a child hitting another child. At that moment, the caregiver has learned that that particular intervention strategy is effective in reducing hitting.

Finally, Bandura (1977) posited reciprocal determinism as a bidirectional regulatory process that sees the same social behaviour acting as both a stimulus and a response in a self-reinforcing system. In terms of the intervention strategies suggested by parents and ECEs to respond to early childhood aggression, these intervention strategies may have been chosen due to the caregiver's personal experience. They may have successfully reduced the child's aggressive behaviour with these intervention strategies in the past. In other words, the repeated use of a certain intervention strategy may have been reinforced by how successful it has been in stopping/reducing aggressive behaviour. As discussed earlier, parents and ECEs may intervene in a physically aggressive situation by making the perpetrator sit away from the peer group. Through the intervention strategy, the perpetrator learned that PA is associated with an undesirable consequence. The perpetrator then reduces his/her PA to avoid being made to sit away from his/her friends. The parents and ECEs who delivered the intervention strategy would, in turn, be reinforced and motivated to continue using similar intervention strategies based on the past success they have experienced.

Through the above concepts, the SLT is shown to be a relevant theory for this thesis. It highlights the influence parents and ECEs have on young children's PA and RA. Moreover, it also demonstrates that the intervention strategies used by parents and ECEs are crucial in the learning of aggressive behaviours. Parents and ECEs need to be equipped with effective and appropriate intervention strategies to successfully help young children reduce their use of both PA and RA. Additionally, parents and ECEs as role models can also influence the intervention strategies used by other caregivers in an effort to promote intervention strategies that are more suited for early childhood aggression. As such, parent and teacher programmes will have to provide parents and ECEs with the necessary support and strategies to effectively respond to early childhood aggression. To do so, an investigation into the intervention strategies and unmet needs of parents and ECEs will be helpful in guiding future intervention programmes.

2.5.2 Bioecological Systems Theory

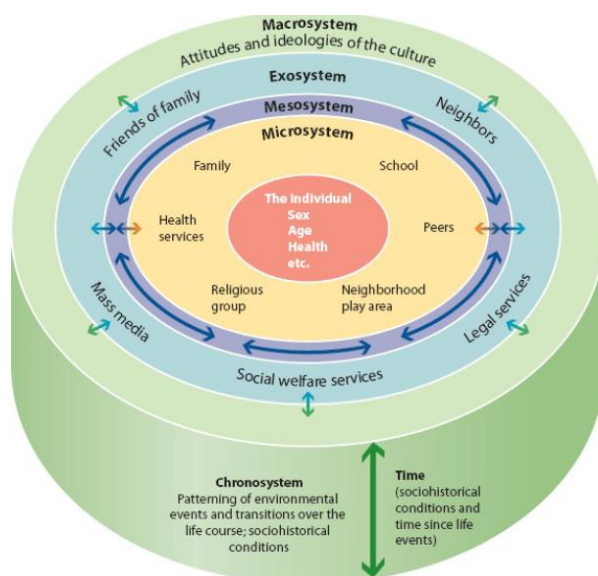
The bioecological model explains a child's development through an ecological perspective that emphasises the integration (Lerner et al., 2011) and bidirectional interactions of the individual with his/her context (Bronfenbrenner & Morris, 2006). The model involves four interrelated components: *process*, *person*, *context*, and *time* (Bronfenbrenner & Morris, 2006), which will be explored in relation to the importance of supporting parents and ECEs in responding to early childhood aggression.

The first component, *process*, is described as the bidirectional interactions of the individual with the people, objects, and symbols surrounding him/her. In this component, Bronfenbrenner and Morris (2006) draw attention to proximal processes which are highlighted as the primary mechanism of development. Through proximal processes, the reciprocal interactions of the developing individual with other people, symbols and/or objects become the main driving force of human development. For proximal processes to successfully shape development, repetitiveness and increasing the complexity of the processes is required. In early childhood, parents and ECEs are the adults who are regularly interacting and scaffolding the learning of young children. For example, when a young child uses PA during social conflict, parents and ECEs may intervene by first physically prompting the child to sit with the rule "you hit, you sit" (Swit, 2019a). The complexity increases as adults gradually reduce the intrusiveness of their prompts to minimal verbal instruction. As the parents and ECEs consistently and persistently intervene with the child's aggression using this strategy, the repeated bidirectional interactions between the adult and the child then creates a learning process for the young child. In this process, the young child gradually learns that if she/he hits a peer, there will be a negative consequence of being made to sit away from the play area. Eventually, the child would learn to stop using PA in future. As such, the proximal processes that exist between the child and the parents and ECEs are highly significant and play an essential role in the child's development of aggressive behaviours.

The *person* component indicates an individual's ontogeny which includes their biological, psychological and behavioural characteristics. It focuses on the individual's assets, dispositions, and characteristics and how those characteristics influence the individual's capacity and effectiveness during proximal processes (Bronfenbrenner & Morris, 2006). In the case of early childhood aggression, children with certain genetic dispositions may have a higher risk of developing aggressive behaviours as compared to other children in the same environment. For example, children with ADHD have been observed to be twice as aggressive as normal developing children when participating in an identical hostile aggression task and continued to be more aggressive even in an instrumental task (King et al., 2009). For parents and ECEs who are constantly interacting with these children, universal intervention strategies for aggression may not be responsive to the unique context the child and caregivers are in. As such, asking parents and ECEs about the support they need in such cases will be very valuable in making intervention strategies effective for them in their circumstances.

The bioecological model recognises that individuals do not develop in isolation and are nested within and across various *contexts* (i.e. systems) that interact with and influence the child's growth (Bronfenbrenner & Morris, 2006). These environmental systems include the: (a) microsystem, (b) exosystem, (c) mesosystem, (d) macrosystem and, (e) chronosystem (see Figure 1).

Figure 1 Bioecological Model of Human Development (Santrock, 2013)



In the microsystem, context is bound to the immediate setting or people the individual has direct interaction with. The microsystem is said to have the most influence on development as proximal processes are highly prominent within this system (Bronfenbrenner & Morris, 2006). Adult figures such as parents and ECEs who interact regularly and exist in the microsystem of the child are thus exerting a significant amount of influence on young children's aggressive behaviours. With such influence, it will be crucial to meet the needs of parents and ECEs so that they are able to appropriately and effectively respond to PA and RA. Well-supported caregivers with enriched knowledge and strategies that were not present previously may thus feel more confident and better equipped to respond to young children's aggression while facilitating their positive social and emotional development.

The mesosystem is comprised of interactions that occur between two or more microsystems in which the developing individual actively participates. As people are linked to others through a variety of settings, such connections can influence their interaction with the developing child (Newman & Newman, 2015). For example, the relationship between parents and ECEs may influence a child's social and emotional development. When parents and ECEs have a strong relationship (i.e. higher communication, trust and agreement between settings), children are reported to be more socially competent and less aggressive compared to children whose parents and ECEs are in a weaker relationship (Iruka et al., 2011).

Settings in the exosystem are ones that do not directly involve the developing individual. Although the child may not be an active participant, events that occur in the exosystem can affect the child's development when the effects cascade into the microsystem. As mentioned previously, when parents and ECEs have unmet needs and are ill-supported in addressing their children's aggressive behaviours, their motivation (Deci & Ryan, 2000) and self-esteem (Bandura, 2001) will be affected because the intervention strategies they have been using have been ineffective. The lack of motivation and lower self-esteem in parenting and teaching from the exosystem would hence trickle into the child's development. Parents and ECEs may become less responsive or trapped in a coercive

cycle that will continue the manifestation of aggressive behaviours in the young child (Patterson, 1982).

The macrosystem is the culture, values and beliefs of the larger society that holds the various systems together. It includes the law, economy, education systems, media and other distal factors that surround and influence the development of an individual (Bronfenbrenner & Morris, 2006). Even though the macrosystem is the most distal from the individual, it is able to penetrate its influence into the various layers to interact with the individual (Cicchetti, et al., 2000). In the case of aggression, the different perceptions of PA and RA by society can be observed through the normative beliefs held by parents and ECEs; that PA is more harmful compared to RA (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019a). These normative beliefs about PA and RA may determine the intervention strategies selected by the caregivers and communicated to the young child about the acceptability of PA and RA (Hurd & Gettinger, 2010; Swit, 2019a; Werner et al., 2006).

Lastly, *time*, as depicted by the chronosystem, penetrates through the other ecological systems to represent the changes in relationship and interaction across an individual's lifespan. Time is an important factor in the bioecological model as it moderates the proximal processes through the regularity of interactions; when interactions do not occur regularly, the interaction loses its effectiveness (Bronfenbrenner & Morris, 2006). The intervention of aggressive behaviours at different age periods of the child may thus lead to different outcomes for the child. Aggression is a relatively stable trait that when used as an ongoing behaviour can bring about several negative outcomes (Alink et al., 2006; Crick, 1996; Huesmann et al., 2009; Lochman et al., 2010). Providing early intervention is critical in stopping the negative developmental trajectories of aggression as an individual's cognition and behaviours are more malleable at a young age (Dawson et al., 2001). In this case, the people who would be delivering early intervention on a regular basis are often the parents and ECEs. The historical time which the parents and ECEs exist will also be a factor that needs to be considered in the child's development. The experiences an individual may have can be

shaped by the societal values, attitudes and technology during a particular time period. For example, parents and ECEs in this century have easier access to information and resources on effective management of aggressive behaviours in young children due to the internet and other online resources and services. As such, their knowledge and needs on responding to aggression may be different from parents and ECEs twenty years ago. This would also mean that the way current parents and ECEs interact with young children during aggressive situations may be different from how parents and ECEs interacted in the past. This further highlights the importance of listening to what parents and ECEs have to say in regards to aggression and what their unmet needs are in a current context.

Therefore, both the SLT and bioecological system theory are helpful theoretical frameworks for this thesis as both theories draw focus on the important role parents and ECEs play in influencing young children's behaviour; specifically aggressive behaviours. More importantly, both theories acknowledge that the intervention strategies used by parents and ECEs are crucial in the reduction of aggression and the promotion of positive social and emotional competencies. To support parents and ECEs with effective intervention strategies, it is critical that the types of intervention strategies used by caregivers are identified as well as their unmet needs. This insight will allow us to understand what parents and ECEs are already doing in their daily practice and what additional support they would like to more effectively respond to early childhood PA and RA. The voices of parents and ECEs will be gathered in this thesis to inform future intervention programmes to be more relatable, meaningful and practical.

2.6 Chapter Summary

This chapter opens with an introduction to early childhood aggression which included the definition, forms and development of aggression. The negative outcomes of early childhood aggression on perpetrators, victims and caregivers were presented, followed by a literature review on the important roles of parents and ECEs in the development of aggression. Next, an overview of the Incredible Years Series in the context of New Zealand and early childhood aggression was also

provided. Finally, the theoretical frameworks that underpin this thesis were discussed. A review of the literature found a lack of research surrounding the types of support parents and ECEs want/need to respond to early childhood PA and RA.

Numerous studies have explored the types of intervention strategies parents and/or ECEs choose to respond to young children's PA and RA. However, these studies mainly focused on the intervention strategies used on perpetrators and not on victims of aggression. As victims of aggression are also at risk of negative psychosocial outcomes like perpetrators, it is crucial that parents and ECEs are responding appropriately to young victims too. Currently, only one study has considered the intervention strategies used by parents and ECEs on both perpetrators and victims of PA and RA. However, as the focus of that study was on the normative beliefs and attitudes of parents and ECEs, participants were not given a chance to reason their choice of intervention strategies. Offering caregiver's a chance to explain their decisions can offer a richer perspective into the selected intervention strategies. Identification of the intervention strategies used by caregivers on young children in aggressive situations gives an understanding of what caregivers in NZ are currently implementing in daily practice.

To further increase our knowledge of the unmet needs of parents and ECEs, it is also necessary and logical for researchers to approach caregivers directly to ask them what their needs are. To the author's knowledge, no study in the area of early childhood aggression has done a qualitative investigation into this topic. Asking parents and ECEs what supports they would like to assist them in responding to early childhood aggression is vital in ensuring future resources are more accurately guided to meet the needs of caregivers. This may increase the effectiveness of future intervention programmes as parents and ECEs will feel better supported and heard from researchers and programme facilitators.

It is also important for research to explore the types of support currently available for parents and ECEs locally to prevent replication. In NZ, the IYS has been widely promoted and disseminated; costing an estimated NZ\$7.6 million to implement (Robertson, 2014). A comparison of the

intervention strategies selected by parents and ECEs to the recommended strategies from the IYS can help determine whether the programme continues to be relevant. Moreover, although local studies have found IYS to be an effective programme, it is uncertain if the reported effectiveness extends to aggressive behaviours. Furthermore, the IYS does not appear to provide materials related to RA. This suggests that the IYS may not be a suitable intervention programme for young children's PA and RA.

This thesis seeks to address the gaps present in literature through the following research questions: 1) What are the intervention strategies used by parents and ECEs in responding to young children's aggressive behaviours?; 2) Do these intervention strategies align with the widely-used Incredible Years Series (IYS) programme in New Zealand?; 3) What are the unmet needs of parents and ECEs in addressing early childhood aggression? To answer these research questions, an analysis of collected data and materials is conducted. The methodology and data analysis process utilised in this thesis are presented in the following chapter.

Chapter Three: Methodology

3.1 The Current Study in the Context of the Larger Study

The current study is part of a larger study (Swit, 2018; Swit 2019a; Swit 2019b) that focussed on parents' and ECEs' perceptions of PA and RA, bullying, and prosocial behaviours used by preschool-age children (3-5 years). The focus of the current study is to analyse parents' and ECEs' intervention responses to hypothetical PA and RA scenarios to ascertain whether these responses are consistent with behaviour management strategies recommended in the IYS. Further, this study analysed parents' and ECEs' description of the types of resources and support they felt they needed to more effectively respond to aggression in young children.

To achieve this aim, semi-structured interview data from the larger study (Swit, 2018; Swit 2019a; Swit 2019b) was obtained for the following questions: (1) How would you respond to the perpetrator and victim in each of these scenarios; (1a) Why did you choose to use this strategy; (1b) Why do you think this strategy would be effective; and; (2) What additional support do you feel you need (or would like) as a parent/educator to better understand and respond to young children's aggression? Parents' and ECEs' responses to these questions were analysed using content analysis and thematic analysis. Their responses were subsequently compared with the IYS.

The following sections of this chapter will describe the research design, ethical considerations, participant demographics, the measures used, procedures of the research and the data analysis process.

3.2 Research Design

The choice of a qualitative design arose from the desire to have a deeper understanding on parents' and ECEs' choices and reasons for the intervention strategies they used and whether there are any additional supports or resources they want/need to help them respond more effectively to early childhood aggression. Through a qualitative approach using semi-structured interviews, the stories shared by the participants will be more authentic, rich and diverse than quantitative methods that rely on preconceived ideas that limit the voices of participants into selected options presented

by the researcher (Flick, 2018; Willig, 2013). Semi-structured interviews encourage openness in the participants' responses which facilitates the exploration of the participants' perceptions and opinions on how to respond to early childhood aggression and effectively promote young children's social development. Moreover, the semi-structured interview process allows interviewers to clarify and seek more information when required (Barriball & While, 1994; Horton et al., 2004). This is different from quantitative methods that focus on providing operational definitions of phenomena and establishing correlations between variables; which may restrict the study from accurately identifying the common intervention strategies used and supports needed by parents and ECEs (Silverman, 2011).

In addition to the above-mentioned suitability of qualitative methods for this research, the lack of extensive literature in regards to the research questions was also another reason for the choice of this research design. To the knowledge of the researcher at the point of writing, there are currently no studies that had conducted a semi-structured interview with both parents' and ECEs' asking about their choice and reasons for using the intervention strategies they choose when responding to perpetrators and victims of PA and RA. Past literature has either adopted a quantitative (Hurd & Gettinger, 2011) or open-ended questionnaire (Swit et al., 2018; Swit, 2019) approach, focused only on parents (Colwell et al., 2002; Werner et al., 2006; Valles & Knutson, 2008; Lau, 2019), or are based on responses to bullying used by school-aged children (Yoon et al., 2016; Bauman & Del Rio, 2006; Burger et al., 2015; Wachs et al., 2019). Moreover, none had asked the parents and ECEs their reasons for choosing the intervention strategies and why they think those intervention strategies were effective.

Furthermore, to the researcher's knowledge, no data exists on the unmet needs of ECEs and parents regarding supports that can more effectively respond to young children's aggressive behaviours. Therefore, a qualitative design will not only provide this research with a richer and more authentic investigation, but it will also be an original contribution to the limited qualitative research that currently exists in the field of early childhood aggression.

3.3 Ethical considerations

The data used in the current study was gathered under the ethics approval for the larger study. No additional approvals or consents were needed. Ethical approval was received from the University of Canterbury (UC) Educational Research Human Ethics Committee (2017/05/ERHEC). All ECEs and parents provided consent to participate in the study. Consent was also provided for the use of their data for analysis by a research assistant.

A possible risk that was identified for this study is that as participants are asked to share their experiences on the type of strategies they may use when responding to children's hypothetical aggressive behaviours, there is the potential that some adults may talk about behaviours that are considered illegal (e.g. smacking) in NZ. This risk was managed in the original study by advising participants that "any responses that indicate illegal activity where the life or health of any person may be at risk are required to be reported to the appropriate authority. In these cases, anonymity will be breached." In view of the current study, if a risk is identified during data analysis, the Principle Investigator will contact UC Ethics and make full disclosure of the situation. In no situation was illegal behaviour described by ECEs or parents participating in this study.

3.4 Participants

Participants included in this study were 20 parents and 37 ECEs of children aged three to five years who are living in Aotearoa NZ. Demographic information of these participants was obtained from the principal investigator who had conducted the larger study which this research is part of (Swit, 2018; Swit 2019a; Swit 2019b).

3.4.1 Parents' Demographic Information

Parents were aged between 29 and 50 years ($M = 35.0$ years; $SD = 5.14$) with all but one (identified as Canadian) identified as New Zealand European ($n = 19$). The majority of the parents (95%) were female and more than half of the parents (70%) had obtained an Undergraduate Degree while the remaining parents (30%) had completed a Diploma/Certificate.

3.4.2 Early Childhood Educators' Demographic Information

ECEs were aged between 23 and 61 years ($M = 44.65$ years; $SD = 9.94$). Majority of ECEs identified as New Zealand European ($n = 32$) and other ethnicities included Māori ($n = 3$) and Asian ($n = 2$). Almost all of the ECEs were female (97.3%). As it is a national requirement for practitioners in early childhood education to hold at least a Bachelor of Teaching in Early Childhood Education or Graduate Diploma of Teaching in Early Childhood Education, most ECEs (62%) in this study had completed an undergraduate degree, and some holding a Diploma/Certificate (16.2%), Graduate diploma (5.4%), Post-graduate diploma (10.8%), or a Master's degree (5.4%). Additionally, some of these ECEs are centre managers (21.6%), head teachers (29.7%), teachers (29.7%), and some held other positions (18.9%; e.g. area manager, supervisor, early intervention teacher, etc.) in the centre.

3.5 Measures

3.5.1 Parent and Early Childhood Educator Semi-structured Interviews

The semi-structured interview used in the larger study had 14 open-ended questions (refer to Appendix A). These questions examined participant's perspectives and responses to two hypothetical scenarios describing relational and physical aggression (see Table 1).

Table 1

Scenarios Depicting Hypothetical Physical and Relational Aggression

- Physical aggression scenario

The group is getting ready to go outside and the children are in line at the door. You see a child push another child to the ground in order to get to the front of the line.

- Relational aggression scenario

During free play you witness a child say to another child, "No. I already told you that you can't play with us." The child is left isolated and plays alone.

The choice of conducting a semi-structured interview allowed participants to have the space to share their experiences while staying within the focus of the research topic (Galletta, 2013). Based on the aims of the current study, two main questions and two sub-questions from the 14 were derived and analysed. These questions were:

- How would you respond to the perpetrator and victim in each of these scenarios?
 - Why did you choose to use this strategy?

- Why do you think this strategy would be effective?
- What additional support do you feel you need (or would like) as a parent/educator to better understand and respond to young children's aggression?

3.5.2. *Resources on the Incredible Years Series*

To ascertain whether the common strategies described by parents and ECEs in response to the hypothetical scenarios are consistent with popular early childhood parent and teacher programmes, the IYS was analysed. IYS was selected because it is a parent and teacher programme used to prevent and respond to young children's behavioural issues, such as aggression while promoting social, emotional and academic competence (Webster-Stratton, 2011). Secondly, it is an evidence-based programme widely used in NZ that is recommended to families and early childhood centres by the MoE (MoE, 2019). As of November 2019, around 9,325 ECEs have completed the Incredible Years Teacher Programme (IYTP) and 27,726 parents have attended the Incredible Years Basic Parent Programme (IYPP) in NZ since its inception in 2010. However, it is uncertain how many of these parents and ECEs have completed the IYS programmes (MoE, personal communication, 15 November, 2019).

To become familiar with the IYS curriculum, a variety of materials were gathered on the IYPP and the IYTP. Journal articles on the programmes were sourced through online databases such as ScienceDirect, Scopus, Wiley, ERIC and SAGE journals. The combination of search terms included "Incredible Years", "parenting programme", "intervention", "early childhood" and "teacher programme", with dates ranging from 2009 to 2020. Online resources such as IYPP and IYTP guidelines, objectives, information booklets, and evaluation reports were obtained from the MoE (NZ) and the IYS websites. Offline resources that were used comprise of IYPP guidebooks, IYTP training materials and accompanying manuals and videos.

3.6 Procedures

3.6.1. *Setting*

The semi-structured interviews were conducted via telephone or Skype at a time that was convenient for the researcher and participant. Approximately 90% of the interviews were carried out

by research assistants and the remaining interviews were completed by the principal investigator. All participants consented to have their interviews audio-recorded for transcription purposes. Each interview lasted between 20 and 60 minutes.

3.6.2. Interview Transcripts

The interview transcripts were obtained from the principal investigator and the selected interview questions were extracted for each participant. Next, the extracted transcripts were proof-read and edited for grammatical and spelling errors and reformatted for consistency. For example, "*I think it's again it's talking to them about why the child did that*" was edited to "*Again, I think it's talking to them about why the child did that*". The process of editing and reformatting is essential to allow easy management and analysis of the qualitative data when using the NVivo software.

3.6.3. Familiarisation and Comparison with IYS

Familiarisation of the IYS was carried out by reading IYPP and IYTP resources such as journal articles, manuals and guidebooks. Videos produced for the training programme as well as those publicly available on the NZ Ministry of Education website were viewed. This allowed the researcher to become familiar with the strategies taught to parents and ECEs who undergo the training. After gathering all the materials relevant to the IYPP and IYTP, the researcher reviewed the materials and took notes on the strategies taught to parents and ECEs in the programmes and the theories behind the programme's recommendation. The researcher kept notes on each of the programme resources and these were compared to the interviewee's responses. This process allowed a comparison between parents' and educators' strategies and those taught in the programme to determine whether there is concordance between the two.

3.7 Data Analysis

To address the focus of the current study, both content and thematic analysis were considered appropriate data analytical strategies because they draw on previous literature while also identifying themes that may be unique to this population of participants. The use of both a deductive and inductive approach was also used. A deductive approach uses past research to inform

the codes and themes used in the current research while an inductive approach based its codes and themes from the research data itself and not from past research.

3.7.1 Content Analysis and Thematic analysis

In qualitative content analysis (CA), codes are developed through a deductive approach by adopting codes and themes identified from previous research and later quantified for further analysis (Neuendorf, 2019). By quantifying the codes and themes, the researcher would be able to gain useful knowledge about the proportions of intervention strategies most commonly used and the types of support needed/wanted by parents and ECEs. This knowledge will be helpful to inform future research and intervention programmes that are interested in reducing aggressive behaviours and promoting positive social and emotional development in early childhood.

Along with CA, thematic analysis (TA) was also used due to the lack of literature available about the types of support parents' and ECEs' want/need in responding to aggression in early childhood. Thematic analysis (TA) is a method which attempts to search and identify common patterns from individual interviews. It has the flexibility of using deductive and/or inductive approaches during analysis while providing a systematic structure for categorising information (i.e. codes) with shared core ideas structured into themes that are relevant to the research question (Braun & Clarke, 2006; Clarke & Braun, 2017).

3.7.2 Analysis Process

The data analysis process started by selecting the appropriate codes and themes that were used from previous research that might fit into the current research. Next, the researcher became familiar with the data through repeated reading (i.e. reading and rereading of the raw data). Repeated reading allows for active searching for meanings and patterns that may emerge from the data (Braun & Clark, 2006). Once the researcher was familiar with the data, the data was analysed through the qualitative analysis software, NVivo 12.

As the research question on intervention strategies used by parents and ECEs had codes and themes that were already established from previous studies by Bauman and Del Rio (2006), Werner

et al. (2006), Yoon et al. (2016) and Swit (2019), a CA was carried out by extracting statements from the interview into the codes that were selected from those studies and considered relevant to this thesis (e.g. the code "*refer to school counsellor*" from Yoon et al., (2016) was not selected because it is not applicable in an early childhood context). The data were then analysed further using an inductive TA approach to establish other codes that did not fit into the pre-selected codes. This was carried out using an open-coding method where codes were generated based on patterns and similarities found between interviews. The addition of an inductive TA method to CA would prevent the researcher from missing other codes that may emerge from the data since the pre-selected codes and themes are based on populations and constructs that were slightly different (i.e. bullying, different age group) from the interview questions used in this study. On the other hand, because there were no codes and themes to be retrieved deductively for the next research question on parent's and ECE's needs/wants, this set of data was analysed using an inductive TA approach. This is similar to the abovementioned where the data went through an open-coding method to generate codes based on the patterns and similarities that were found between the interviews.

All the codes that were generated for both research questions were defined to ensure that the coding process was coherent and the codes were distinct from each other; merging any codes that are closely similar. The codes were then reviewed by rereading the interview transcripts against the codes to ensure that the codes were adequately representing the voices of the participants. The interview extracts that were allocated to each code were also re-examined to make certain that the extracts matched with the definitions given to the respective codes. Once the extracts and codes were reviewed and deemed satisfactory by the researcher, the codes were finalised and the researcher allocated the codes into themes.

Similar to the codes, some of the themes from the first research question were selected from previous studies by Bauman and Del Rio (2006), Werner, et al. (2006), Yoon et al. (2016) and Swit (2019). Codes that did not fit into these selected themes were then investigated for patterns and a list of possible themes was created. After a list of possible themes were created, the codes were

arranged and rearranged around the possible themes until a good code-to-theme fit was found. For the third research question, all possible themes were generated based on the patterns identified amongst the codes as there was no past literature to draw themes from. Likewise, the codes were organised around the possible themes until a good code-to-theme fit was made. The codes and themes were then finalised and ready for an inter-coder reliability check.

Inter-coder reliability measures the extent to which two or more coders agree on the coding of the data using the same coding scheme. It is an important stage in the analysis process as it increases objectivity and validity in the interpretation of the data (Young, 2011). A low level of inter-coder reliability may suggest weakness in coding methods and vice versa. In this study, the codes were reviewed by a second coder in the presence of the researcher. The second coder went through approximately 70% of the themes and codes with the researcher to determine if the respective extracts were coded appropriately. Disagreement in codes and themes were discussed and reassessed for re-coding and the reviewed codes and themes were amended and reorganised based on this discussion. Table 1 and 2 list the themes and codes used to describe the intervention strategies of parents and ECEs with the perpetrator and victim respectively in the hypothetical PA scenario while Table 3 and 4 described the hypothetical RA scenario. Table 5 described the supports parents and ECEs want/need to help them better respond to early childhood aggression. The number of codes appearing in the respective themes were also calculated manually and in percentages to investigate the frequency of the codes occurring and which themes had the most codes.

Table 2*Themes of Intervention Strategies Towards Perpetrator in Hypothetical Physical Aggression Scenario*

Themes	Codes	Examples
Social-Emotional learning	Teach pro-social skills	"they have to go away and get a cold cloth and bring it back to their friend and check that they are okay"
	Support problem-solving	"try to problem solve with the child what the more positive solution would have been"
	Facilitate in mediation	"I would get them to come up with a resolution together... I would give them a couple of choices..."
	Promote empathy	"'Can you see how you hurt this person'... 'How do you think that made them feel'"
	Teach self-regulation and coping skills	"Because (for) the perpetrator (it) would be about regulating themselves, about slowing down a little bit"
Authority-based	Indicate behaviour is intolerable	"'I saw you just push this child. That is not okay"
	Negative consequence	"They would actually not be allowed to go outside, they would have to wait inside"
	Review rules	"In our classroom we have respect, you may not push"
	Make perpetrator apologise	"We would go and find the child and he would have to say sorry"
Involve others	Adult assistance and support	"Signal to another teacher to come and grab the child that has pushed and quietly lead them to the back of the line"
	Involve class in learning	"I would show a grace and courtesy lesson about coming to the line"
Information seeking	Depends on context	"It's all very contextual. Depending on the situation"
	Inquire and investigate	"I'd asked the child 'why did you push so and so over?'"

Table 3*Themes of Intervention Strategies Towards Victim in Hypothetical Physical Aggression Scenario*

Themes	Codes	Examples
Social-Emotional learning	Support problem-solving	"Problem solve, 'look I see you want to go further ahead in the line...perhaps we can go together, rather than singularly'".
	Facilitate in mediation	"getting them to again express what it was that they didn't like about being pushed or being hit"
	Teach assertiveness	"I would help them to say, 'I didn't like that. It's not okay. You may not push me'"
	Teach self-regulation and coping skills	"'okay first thing we need to do is take a big breath'...try to teach them how to cope with that anxiety"
	Discuss emotions	"'Johnny, you tell Billy how you felt, what did it feel like when he pushed you to the ground, did that hurt?'"
Involve others	Adult assistance and support	"hopefully there was another adult around so I could get the adult to console the one that was pushed over"
	Peer Support	"Making sure either an adult or their friends are looking after them if that's what they need"
Relieve distress	Comfort, affirm, and encourage	"I would probably make sure that the child was okay and give them first-aid if they needed or a cuddle"
	Apologise for perpetrator	"We'd probably just say to them that we are sorry that it happened to them"
	Explain behaviour was unintentional	"It's just reassuring the child that that push was probably because the other child didn't see them"
Information seeking	Depends on context	"depending on how upset or how big a deal it was to them"
	Inquire and investigate	"'Are you okay? What happened?'"

Table 4*Themes of Intervention Strategies Towards Perpetrator in Hypothetical Relational Aggression Scenario*

Themes	Codes	Examples
Social-Emotional learning	Teach pro-social skills	"what do you think that we could do so that you could all play together?"
	Facilitate in mediation	"Probably you'd just talk it through and then ask them solutions"
	Promote empathy	"sort of remind them that how they felt when that happened to them."
	Discuss emotions	"but if the child was unhappy or agitated it would be worth unpacking and discussing with the child"
Authority-based	Indicate behaviour is intolerable	"I would be saying to the child, the perpetrator, that we include our friends in our play and that we don't like to leave our friends alone with nobody to play with".
	Negative consequence	"Look, if you can't include everybody or join in, then you'll need to find something else to do"
	Review rules	"We have a rule at our kindergarten where 'you can't say you can't play'".
	Make perpetrator apologise	"then bring the child back and talk to the victim and apologise for saying those words"
Involve others	Involve class in learning	"we also would do things at group time have discussions things like exclusion"
Information seeking	Depends on context	"it really depends on the ages and stages of the children involved"
	Inquire and investigate	"Could you tell me why you wouldn't like this person to play with you?"
	Monitor	"I'll often stay with the group for a while to monitor where it progresses from then"
Ignore	Do nothing	"If it's just a one off situation then I would leave the perpetrator for now"
	Allowed to exclude	"...I don't think you have to be forced to play with somebody"

Table 5*Themes of Intervention Strategies Towards Victim in Hypothetical Relational Aggression Scenario*

Themes	Codes	Examples
Social-Emotional learning	Teach pro-social skills	"We would be giving them strategies of how they could get involved"
	Facilitate in mediation	"Then I would maybe help them mediate to find a way that the victim could be included"
	Teach assertiveness	"Ask how can she/he actually stand up and say I really want to play"
	Discuss emotions	"You asked so and so if you could play, they said no, how does that make you feel?"
Involve others	Adult assistance and support	"Ideally there would be two adults that could've gone in different directions with the two children"
	Peer Support	"You can bring the rest of the group in and they will come up with solutions about how that child who has been excluded can be included"
Relieve distress	Comfort, affirm, and encourage	"I would spend time with them and just acknowledge how they're feeling and see what they want to do"
	Apologise for perpetrator	"I'm really sorry that they said that. That must have hurt your feelings"
	Explain behaviour was unintentional	"... because they're focused on what they're doing at the moment"
	Distract victim	"I, might sort of distract them into something else"
	Integrate victim personally	"I would try and introduce the child 'why don't you make a chocolate cake to add to their shop' to initiate that first step of play"
	Advise to ignore	"You can just ignore them..."
Information seeking	Depends on context	"It sort of depends on how it unfolded and how upset the isolated child was"
	Inquire and investigate	"I'll also ask the other person what he or she may have done"
	Monitor	"Just monitor the child who has been isolated"

Table 6*Themes of Supports Wanted/Needed by Parents and ECEs*

Themes	Codes	Examples
Access to resources	Awareness and information	"You would want to know where to go to get behavioural assistance. I don't know where that is"
	Contemporary and relevant literature	"I found it hard to find (information) on the SKIP website and things like that, on different online forums"
	Government funding	"I would love to see some sort of funding for teacher aides at early childhood level"
	Time	"I would like more time. It takes time to be able to think and reflect"
	Tertiary education and scholarship	"it was a wonderful degree and heavily academic, there is not a huge amount of emphasis placed on how we support children with challenging behaviours"
Programmes and courses	Knowledge-based	"Would be interesting to learn why they're aggressive"
	Practice-based	"needs to be more positive parenting courses"
Partnership	Parents	"I suppose talking to families about it and how do you broach that"
	School and ECEs	"I think that having a parent evening (in school) to talk about, in general, bullying behaviour and how you can deal with it at home as well"
	External professional	"get helpful tips from people who have done it before or specialists in the area, whether it is psychologists, doctors, child behavioural specialists"
Consistent guidelines and practice		"so everybody is on the same page to make sure that it is consistent between teachers and across the board and it is what the ministry expects, what parents expect"

In the last stage of data analysis, the findings from the interview were compared with the data gathered on the IYPP and IYTP. This was carried out by creating a comparison table of the similarities and differences between elements of the programmes and themes generated from the intervention strategies suggested by parents and ECEs.

3.8 Chapter Summary

In this chapter, the methodology of the research was discussed. Semi-structured interview data used in the current research was obtained from a larger study previously conducted with parents and ECEs. A qualitative design using semi-structured interviews was selected for this research as it provided a rich and diverse narrative that will allow for a deeper understanding of the research questions. Furthermore, the lack of literature that qualitatively describes parents' and ECEs' choices and reasons for intervention strategies as well as support wanted/needed when responding to young children's aggression affirms the need for a qualitative study to be conducted on this topic. Ethical consideration of the current study was discussed and a possible risk was addressed. Participant demographics, the measures used, procedures of the research and the data analysis process of the current study was also described. Content analysis and thematic analysis were used and considered as appropriate data analytical strategies due to their abilities to draw on past literature while also identifying themes that may be unique to the participants. Additionally, content analysis also allows qualitative data to be quantified which gave the current study a closer look at the proportions of intervention strategies most commonly used and the types of support needed/wanted by parents and ECEs. Findings from the content analysis and thematic analysis are presented in the next chapter.

Chapter Four: Results

This thesis aims to better understand the unmet needs of parents and ECEs in the areas of early childhood aggression. The objectives are to analyse intervention strategies suggested by parents and ECEs in responding to hypothetical PA and RA scenarios and to ascertain whether these intervention strategies are consistent with the recommended strategies found in the widely-used IYS. In addition, the types of support needed by parents and ECEs to better respond to early childhood aggression were also investigated.

In this chapter, the findings of this study are presented in three parts. In part one, intervention strategies recommended by parents and ECEs in response to the hypothetical PA and RA scenarios are described. Identical themes were found across the PA and RA scenarios with the exception of the theme "ignore" which emerged only in the responses for the RA scenario. It should also be noted that some themes were present in both responses for perpetrator and victim while some themes were exclusive to either the perpetrator or the victim.

Part two compares the intervention strategies described by parents and ECEs with the recommended strategies taught in the popular, well-regarded IYS. These recommended strategies from the IYS direct parents and ECEs in facilitating young children's social and emotional development to reduce disruptive and challenging behaviours such as aggression. While the comparison found some similarities and differences between the participants' responses and the IYS, there is also an absence of information and strategies regarding RA in the IYS.

Finally, part three presents the themes relating to the types of support parents and ECEs say they would like to assist them in effectively responding to early childhood aggression. The analysis revealed the following five themes: (a) access to resources, (b) partnership, (c) programmes and courses, (d) consistent guidelines and practice and, (e) no support needed.

4.1 Intervention Strategies for Physical Aggression

Parents and ECEs were asked to describe how they would respond to the perpetrator and victim when presented with a hypothetical PA scenario, why they chose those intervention strategies and why they felt those intervention strategies were effective. However, during the interview process, three parents and two ECEs did not provide answers directed to the victim although the interviewer had asked for responses in regards to both perpetrator and victim in the scenario. Themes identified in the PA scenario in regards to the perpetrator and victim are: (a) social-emotional learning (SEL), (b) authority-based, (c) involve others, (d) relieve distress, and (e) information seeking.

The theme SEL involved the teaching of skills that would help both perpetrator and victim use more positive social and emotional methods to resolve peer conflicts. The authority-based approach was described as strategies that used the personal authority of parents and ECEs to set firm limits and boundaries. This may include verbal reprimands and other disciplinary actions to decrease undesirable behaviours. This was a theme that existed only in responses to the perpetrator. Involving others included inviting other individuals, children or adult, to aid in resolving the situation. The theme "relieve distress" was the only theme that was unique to the intervention strategies for victims. In this theme, the adult's main focus was to only relieve the distress of the victim who had experienced aggression from the perpetrator and not to teach skills. Information seeking was identified as actions which considered the context and dynamics that are present in the situation to inform subsequent strategies.

4.1.1 Social-Emotional learning

Parents and ECEs suggested SEL related intervention strategies with both perpetrator and victim in the hypothetical PA scenario although some differences were observed.

4.1.1.1 Perpetrator. A slightly higher percentage of parents (70%) compared to ECEs (65%) responded to the perpetrator in the theme SEL (see Table 7).

Table 7

Number of Parents and ECEs Suggested Intervention Strategies Related to SEL for Perpetrator in PA Scenario

Responses	Parents	ECEs
Teach pro-social skills	9	16
Support problem solving	1	4
Facilitate in mediation	2	1
Promote empathy	4	12
Teach self-regulation and coping skills	2	3

Exploration of the five codes indicated that more than half of the parents (64%) and ECEs (67%) recognised the importance of teaching pro-social skills to the perpetrator. It was noted that parents' teaching of pro-social skills often revolved around encouraging the perpetrator to make amends with the victim after the aggression took place: "...right well, now that your friend (has) been hurt, what can we do to make them feel better? We probably need to check..., should we go and get an ice pack?" (P34).

On the other hand, ECEs tend to encourage pro-social skills by teaching the perpetrator more positive ways to react to aggressive behaviour:

So if you want to get to the front of the line you can show them the appropriate ways. 'If you want to get to the front of the line, you can ask these two people or three people that are already standing there. May I please stand in front of you?'... I would work them through it, how to do it or call upon them to exercise patience. That when there are other children in front of them, (they) may not stand in the front of the line... (E13)

Some participants also spoke about supporting perpetrators with problem-solving skills so as to avoid situations that may lead to further aggression:

'maybe next time if you wanted to be first you could ask a teacher if you could be first or sit really nicely on the mat and then you might get chosen to be first', or something like that, talk about ways that you can be first in the line that are okay without hurting other people to do it. (E37)

Eliciting conversations between the perpetrator and victim as a response to PA was frequently suggested by parents and ECEs. These conversations were usually aimed at mediating reconciliation. P28 described herself as being in the role of a facilitator to mediate reconciliation by assisting the children to “negotiate the space in the line in a way that is fair”. Engaging children in a conversation about the situation was also suggested by some adults, with the conversation usually about feelings and explaining of the behaviour. For example, P22 explained that she would “get the victim... to tell the other child how they are feeling and how they perceive the situation to have happened and I would get the other child (perpetrator) to explain why that happened...”

In the emotional aspect of this theme, promoting empathy and/or teaching self-regulation and coping skills to the perpetrator was present in responses by both parents and ECEs. Some parents (20%) and ECEs (32%) indicated their desire to promote empathy with the perpetrator. This is attempted by getting the perpetrator to reflect on the feelings of the victim by asking questions such as, “Can you see that they (victim) got this big bump on their head now? How do you think that made them feel?” (P11).

Parents (10%) and ECEs (8%) also recognised the need to teach children self-regulation strategies after the PA had occurred to settle down the children and prevent further escalation. For example, P33 said she would “sit next to them in a quiet corner until they feel calm and then just have a calm chat about how lines work and get them back in there.” Similarly, an ECE shared that she would try to redirect the perpetrator's frustration that had led to aggressive behaviour:

I mean these kids with frustration; it is an emotion that has to come out. So it's finding (out), okay we all get frustrated, let's go push some blocks over in the block area. You find valid ways to get that frustration out. (E17)

Most parents and ECEs in this theme chose the above intervention strategies because they want to build positive social and emotional skills with the perpetrator. They believe it to be effective because the perpetrator would be able to use the learned skills to successfully navigate the social environment in the future:

Again, trying to teach that empathy and get them to problem solve that if this is what you want out of it, if you want to get to the front of the line, what's the best way to do that, rather than the quickest (laughs). (E24)

The other parents and ECEs based their choice of intervention strategies and beliefs on its effectiveness from personal experiences:

Well, yeah...experience and part of my philosophy is that the behaviours children do, it doesn't make the child. So if they are aggressive sometimes, there's another reason behind it and sometimes those children need a different strategy, and to be supported to find an alternative to pushing in the line, but that takes a lot of support. (E15)

4.1.1.2 Victim. Three parents (15%) and less than half of ECEs (41%) responded to the victim with SEL related intervention strategies (See Table 8). Three ECEs used two intervention strategies in this theme.

Table 8

Number of Parents and ECEs Suggested Intervention Strategies Related to SEL for Victim in PA Scenario

Responses	Parents	ECEs
Support problem solving	0	1
Facilitate in mediation	2	4
Teach assertiveness	0	8
Teach self-regulation and coping skills	0	2
Discuss emotions	1	3

One ECE said that she would teach problem-solving strategies to the victim so that the victim would be able to prevent and manage similar situations in the future and another parent shared that she would assist the victim to talk to the perpetrator about the impact of his/her aggressive behaviour so that the victim "gets a voice" about the situation too. Around half of the ECEs (53%) in this theme expressed that they would teach the victim to be assertive to the perpetrator and "stand-up for themselves." For instance, an ECE described encouraging the victim to say, "You hurt me

when you pushed me out of the line" or "I didn't like it when you pushed me" to the perpetrator so that the victim can "have that voice again"(E30).

One of the two ECEs shared that her centre usually places more emphasis on the victim than the perpetrator during situations similar to those described in the hypothetical scenarios. In her centre, the ECEs would attempt to build resilience with the victim and teach self-regulation and coping skills through deep breathing techniques such that the victim is using "their body to fix the issue for them and that's part of that whole self-help and I suppose it's that competence."

For most of the parents and ECEs, they chose the above intervention strategies because they want to support and help the victim build the relevant social skills to respond to aggressive situations. The participants felt that it is effective because once the victim masters those skills, they will be able to independently manage and react to their aggressive peers.

Next, one parent and three ECEs also said that they would encourage the victim to discuss their emotions on being "pushed" in front of the perpetrator. The three ECEs chose this intervention strategy because they want to help build emotional awareness and give the victim a chance to verbalise their emotions to the perpetrator. These ECEs felt that this is effective because both children will learn emotional skills. On the other hand, P13's personal experience of letting the children have "one-on-one communication" has been effective before and so she chose to continue using this intervention strategy.

4.1.2 Authority-based

Intervention strategies from this theme were found with the perpetrator but not with the victim. These intervention strategies are listed in Table 9. The findings revealed that almost all parents (95%) and several ECEs (68%) responded to the perpetrator in the hypothetical PA scenario using one or more intervention strategies that are authority-based. About the same percentage of parents (53%) and ECEs (52%) described two or more types of authority-based intervention strategies suggesting that this was a common theme for PA.

Table 9

Number of Parents and ECEs Suggested Authority-based Intervention Strategies on Perpetrator in PA Scenario

Responses	Parents	ECEs
Indicate behaviour is intolerable	14	16
Negative consequence	13	13
Review rules	0	10
Make perpetrator apologise	1	3

Majority of parents and ECEs suggested intervention strategies in this theme because they want to teach the perpetrator what are acceptable and unacceptable social behaviours immediately. They perceived these strategies as effective because the perpetrator will learn that PA is unacceptable and so it will not be used in the future. Other reasons revolve around the personal experiences and beliefs of the parents and ECEs that tends to be specific to the intervention strategy they chose.

Several parents (70%) and a number of ECEs (43%) indicated that they would tell the perpetrator that their aggressive behaviour is not tolerated to emphasise the inappropriateness of the PA: "This is inappropriate. You aren't to hit other people. If you don't like them to be there, you ought to tell them you don't want them to be there or ask for help, but it's not okay for you to hurt them" (E9). P38 shared that she chose this intervention strategy because from her experience she believed that the perpetrator may be seeking attention and so she would try not to "make too much of a big deal about it and reinforce all that stuff." Another reason based on beliefs was shared by E23 who said that she believed "nobody should be touching anybody" and hence the PA is "personally" an issue for her as it pertains to the rights of the child.

Similarly, many parents (65%) and some ECEs (35%) stated that they would respond with some form of negative consequence towards the perpetrator because they do not want to "reward" or reinforce the aggressive behaviour. A form of negative consequence that was frequently spoken about by both parents and ECEs was to put the perpetrator at the back of the line. For example, E21 explained that in such situations, "anyone that pushes (goes) straight to the back of the line and that solves that" while a parent shared that:

Hopefully the perpetrator would understand that if that happens it is going to be dealt with straight away and that can't happen, that's not how you get to the front of the line. In fact, I'd probably put the perpetrator at the back of the line as well, just to reinforce it. (P26)

Interestingly, another form of negative consequence that was brought up by a few ECEs (10%) was making the perpetrator sit down after they had been physically aggressive to a peer. The reason was because of a rule in their centre that says "you hit, you sit":

Okay so in our centre we have the rule that "if you hit, you sit". So then that's not okay to do that, so I would take him out of the line and make him sit down, then he would probably end up being last to go in (E37).

This form of negative consequence bridges into the next type of intervention strategy which is reviewing the rules with the perpetrator. The code for reviewing rules was placed under this theme because there is no direct teaching of any skills to the perpetrator. Rather this strategy is suggested to stop the PA. This code only appeared in interviews amongst ECEs (27%) which may be due to the fact that classroom rules on aggressive behaviours are usually established in an early childhood centre but may not be as common in a home environment. ECEs in this code said that they would remind the perpetrator of the classroom rules because those rules exist in their centres to "grow children's emotional intelligence and their resilience"(E34). These rules may be framed in either positive language such as "we have a safe hands rule and safe hands mean keeping your hands on your own body" or by directly addressing the aggressive behaviour like the "you hit, you sit" rule mentioned above:

And the child who is sitting down, remind them of the rules, 'you hit, you sit' and then they have to sit down for a few minutes and then after a few minutes, then the same teacher goes up to the child and again reminds them of the rule 'you hit you sit', "do you remember the rule", "yes", then you can go and play. (E26)

The last authority-based type intervention strategy is about making the perpetrator apologise to the victim. In this case, the apology is directed by the adults and not self-initiated by the

perpetrator. E21 stated that her centre "strongly believes in saying sorry" as it makes "the other child feel better even if you don't feel that you are actually sorry." Another ECE shared that if the perpetrator does not apologise, she would "isolate them away, until they are ready to say sorry" because "it's not about the perpetrator at that time, it's about making the victim feel right"(E21). For this ECE, she has experienced the effectiveness of this intervention strategy and hence would continue to use it in the future.

4.1.3 Involve Others

Only a small number of parents and ECEs suggested involving others when responding to the perpetrator and the victim in the PA scenario. Parents and ECEs in this theme stated that they would involve other adults, children or include the whole class in learning as part of their response with the perpetrator and the victim.

4.1.3.1 Perpetrator. Five ECEs (14%) and no parents stated that they would involve other ECEs or the whole class in their intervention response. Two of the ECEs in this theme talked about approaching other ECEs to bring the perpetrator to the end of the line and stay with him/her. The other three ECEs described using the situation as an opportunity to address PA with the other children:

Does the whole group even feel okay about that? It's not only the child who got pushed over it's the children who have seen it would be impacted as well.... Just speaking with them [other children] about how their body can affect others. (E25)

These ECEs included the whole class in learning because they want to address the situation without directly targeting the perpetrator. For instance, E11 mentioned, "We don't isolate the child that did that behaviour, it's just we do that lesson to everyone, so everyone knows." E23 also felt that by involving other children, the intervention strategy will be more impactful as "(it) has a more emotional effect ...child to child, than it does with teacher to child."

4.1.3.2 Victim. Two parents (10%) and three ECEs (8%) shared that they would get another adult or children to assist them with the victim. One parent stated she would approach another adult if the victim was hurt while another parent suggested having an adult to console the victim while she attends to the perpetrator. Two ECEs mentioned that they would seek peer support for the victim: "make sure either an adult or their friends are looking after them if that's what they need." Almost all of the parents and ECEs did not explain why they chose this intervention strategy nor did they share why they felt this would be effective. This may be because intervention strategies in this theme are usually suggested along with other intervention strategies. Thus, involving others may not have been their main strategy. Only one ECE explained her rationale for involving other children and that was due to her teaching experience:

I've seen it work, we've seen those strategies work before and also how they've worked through behaviour plans that we've had. (E42)

4.1.4 Relieve Distress

This theme was only found when responding to victims in the PA scenario. Most parents and ECEs explained that they would do so because they want to make sure that the victim is alright. This was effective to them as the victim's needs would be met. Table 10 lists the types of intervention strategies suggested in this theme. Findings showed that the majority of parents (94%) and ECEs (71%) indicated that they would try to relieve the distress experienced by the victim in the hypothetical PA scenario.

Table 10

Number of Parents and ECEs Suggested Relieving Distress of Victim in PA Scenario

Responses	Parents	ECEs
Comfort, affirm, and encourage victim	16	22
Apologise for perpetrator	0	7
Explain behaviour was unintentional	1	4

Providing comfort, affirmation, and encouragement to the victim was the intervention most parents (80%) and ECEs (59%) endorsed when asked how they would respond to the victim after

witnessing a PA episode. While most of the parents suggested only comforting, assuring, and encouraging the victim, there were a small number of parents (15%) who extended with another intervention strategy. For instance, P22 stated that after comforting the victim, she would encourage the victim to talk to the perpetrator:

I would get the victim, the one who got pushed on the ground, to tell the other child how they are feeling and how they perceive the situation to have happened...with the pushing one, I would probably make sure that the child was okay and give them first-aid if they needed or a cuddle or whatever first.

In contrast, more ECEs (35%) tended to extend with another intervention strategy after comforting, assuring and encouraging the victim. For these ECEs, it was found that they would often pair this intervention strategy with an SEL related intervention strategy. For example, E28 shared:

I would go straight to the victim, acknowledge their feelings and empathise with them, "Oh gosh Tommy, you're looking really sad right now. Are you feeling sad? Did so and so push you out of the way? It looks like you didn't like that and now you're feeling upset and you're crying. Is that right?"

A number of ECEs spoke about apologising for the perpetrator to help relieve the distress of the victim. This response was not present in any of the parent interviews. E8 commented that she would approach the victim and say, "I'm really sorry he pushed you. I understand he is still learning about waiting in line. We'll help him learn." Lastly, one parent and four ECEs considered it their responsibility to explain to the victim that the perpetrator did not push them on purpose and the behaviour "wasn't anything nasty" (E20).

4.1.5 Information Seeking

The desire to seek more information about the PA scenario was found in parents and ECEs in the study. Parents and ECEs in this theme wanted to gather more information from the children as well as contextual information in order to understand the situation better and obtain the "whole story" (P28). Intervention strategies in this theme were considered effective because the children

will feel heard while parents and ECEs ensure that they select the most appropriate intervention strategy for the situation.

4.1.5.1 Perpetrator. Several parents (70%) and some ECEs (40%) tried to gather more information about the PA situation before deciding how they would respond to the perpetrator. A higher percentage of ECEs (67%) than parents (36%) stated that their response would depend on the context whereas a higher percentage of parents (64%) compared to ECEs (40%) said that they would inquire and investigate with the perpetrator (See Table 11).

Table 11

Number of Parents and ECEs Suggested Intervention Strategies in the Theme of Information Seeking on Perpetrator in PA Scenario

Responses	Parents	ECEs
Depends on context	5	10
Inquire and investigate	9	6

For example, E10 mentioned that the seriousness of her intervention would depend on how often the victim has been targeted in the past, "I mean if the child was hurt, again, that would change the seriousness of the response" whereas P29 shared that she would "let the perpetrator know that it wasn't okay and ask them why they pushed them."

4.1.5.2 Victim. About the same percentage of parents (25%) and ECEs (22%) talked about wanting more information about the situation (See Table 12). In this case, participants would collect information from the victim instead of the perpetrator such as E13 who would ask the victim, "Are you okay? What happened?"

Table 12

Number of Parents and ECEs Suggested Intervention Strategies in the Theme of Information Seeking on Victim in PA Scenario

Responses	Parents	ECEs
Depends on context	5	6
Inquire and investigate	0	2

The parents and ECEs who wanted more context about the aggressive situation often made

comments regarding the victim's reaction to the aggression. More specifically, they would check how hurt the victim was to determine whether they should follow up with another intervention strategy: "Probably would again deal with the victim first, depending on how upset or how big a deal it was to them" (P23). In turn, there were two ECEs who explained that they would want to collect more information by inquiring and investigating with the victim about what happened: "They will come and say, such and such pushed me, and I'll say "So, why did they push you?" and so we have a discussion" (E23).

4.1.6 Comparison of Intervention Strategies Suggested for Perpetrator and Victim

Findings from the data analysis demonstrated that parents suggested more intervention strategies with the perpetrator (70%) than with the victims (30%). Likewise, ECEs also tend to suggest more intervention strategies with perpetrators (60%) than victims (40%). Some similarities and differences in the intervention strategies parents and ECEs suggested for the perpetrator and the victim are also observed and presented in Figure 2.

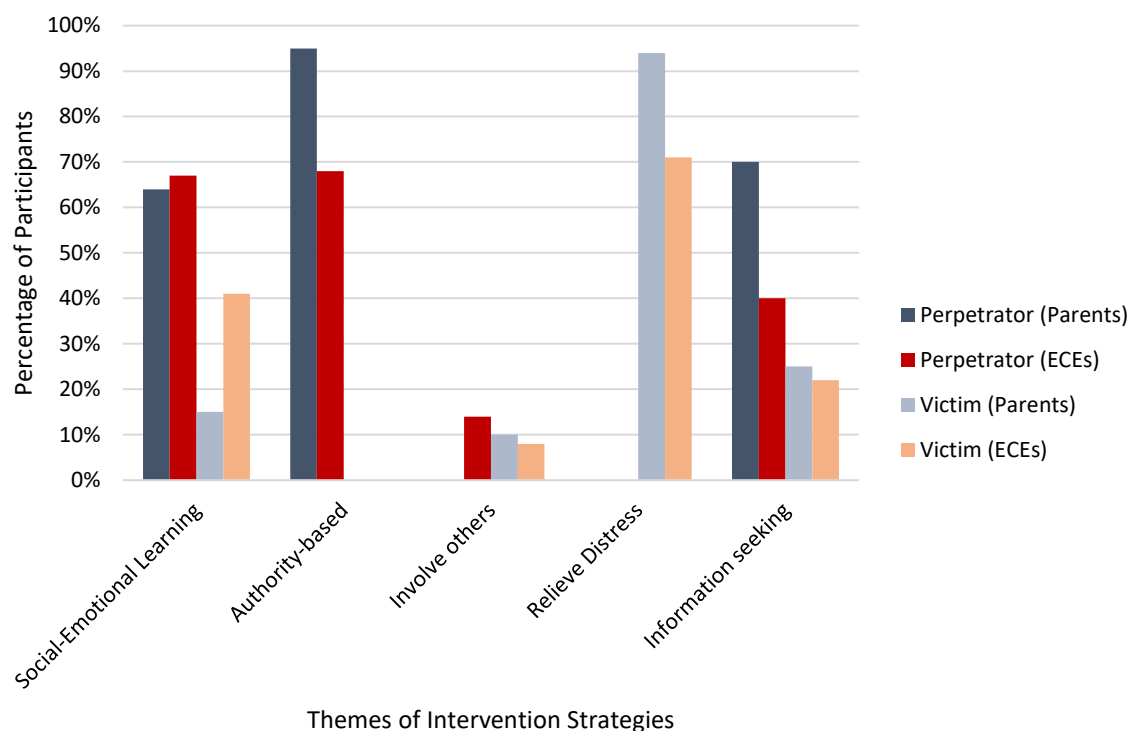
The theme "authority-based" included most parents and ECEs when responding to the perpetrator of PA. Neither parents nor ECEs responded to the victim with this intervention strategy. The least suggested strategy for the perpetrator is the theme "involve others"; which was only reported by ECEs but no parents. For the victims, the theme "relieve distress" has the highest percentage of parents and ECEs compared to the other themes. Neither parent nor ECE responded to the perpetrator using this type of intervention strategy. The theme "involve others" was found to be the lowest for the victim. This was also observed with the perpetrator. Although there were a number of parents and ECEs who would respond to the children using intervention strategies that promote SEL, this occurred more frequently when responding to the perpetrator than with the victim. This was similar in the theme "information seeking" where parents and ECEs were more likely to want more information from the perspectives of the perpetrator than from the victim.

Analysis of the data also indicated that three times more parents suggested SEL related intervention strategies with the perpetrator than with the victim. In the same theme, ECEs

responded to the victim nearly half as often as the perpetrator. Slightly more ECEs reported involving others in their intervention strategies with the perpetrator than with the victim. In the theme “information seeking”, more than twice of the parents and close to twice as many ECEs responded that they would seek information from the perpetrator than from the victim.

Figure 2

Comparison of Intervention Strategies Used on Perpetrator and Victim in Physical Aggression Scenario



4.2 Intervention Strategies for Relational Aggression

The next hypothetical scenario given to the participants was a situation where a child had told another child that he/she cannot play with him/her. It was noted that one ECE did not provide a response to the perpetrator and one ECE did not provide a response for the victim in this scenario. Parents and ECEs responses to the perpetrator and victim in this scenario were linked to the following five themes: (a) SEL, (b) authority-based, (c) involve others, (d) relieve distress, (e) information seeking, and (f) ignore.

4.2.1 Social-Emotional Learning

Intervention strategies related to SEL was a popular choice amongst parents and ECEs in the RA scenario. In this theme, parents and ECEs reported teaching both the perpetrator and the victim social and emotional skills that will promote social inclusion and/or reduce the chances of the child being excluded from play.

4.2.1.1 Perpetrator. Most parents (75%) and ECEs (78%) responded with SEL related intervention strategies. Some parents (30%) and ECEs (38%) also responded with more than one type of intervention strategy in this theme (see Table 13).

Table 13

Number of Parents and ECEs Suggested Intervention Strategies Related to SEL for Perpetrator in RA Scenario

Responses	Parents	ECEs
Teach pro-social skills	7	21
Facilitate in mediation	7	5
Promote empathy	7	20
Discuss emotions	1	0

Compared to parents (35%), a higher percentage of ECEs (57%) chose to teach pro-social skills with the perpetrator after witnessing the social exclusion. All of the parents who indicated that they would teach pro-social skills did so by urging the perpetrator to be inclusive:

I think in situations like that, when children are excluding others from play. You want to try and put them in a frame where they think that it's actually better to be part of a group. (P25)

For ECEs, talking about inclusion was one of the many ways they would promote pro-social behaviours. Most of them incorporated different techniques on pro-social skills in the teaching process. For example, E50 shared that she would try to involve the two children in other activities together throughout the day so that the children have more opportunities to positively interact with each other:

There might be other opportunities where the two of them could come together to help with the baking or the gardening... so I would use those teachable moments to bring those two children

together... that would be a way around giving them an opportunity to play with each other... I'd find opportunities to teach children about how they treat others.

However, some of these skills taught may not necessarily lead to social inclusion. A number of ECEs believed that they should respect the perpetrator's choice of playmates. Hence, these ECEs try to teach the perpetrator to respond to the victim using words that are more socially appropriate:

So then you're able to say "oh well we can be friends with more than one person and even though you're not playing with that child now, you can just say to them, I'm just playing with such and such now and I can play with you later" and then explaining to them "you don't have to be friends with everyone, but you must be friendly." (E47)

More parents (35%) than ECEs (14%) felt that it would be useful to facilitate mediation between the perpetrator and the victim. For many of these participants, the purpose of facilitating mediation is to foster social inclusion. For example, E41 said that she would create a "conversation between the two to try and work out how this child can join the other child." Similarly, a parent explained that she will attempt to facilitate mediation by finding out the reason for the exclusion first and work with both children to reach an agreement for play.

More ECEs (54%) compared to parents (35%) spoke about promoting empathy with the perpetrator. For both parents and ECEs, they would promote empathy by getting the perpetrator to identify and recognise the feelings of the victim: "That this person is really upset and I would have them look and acknowledge, 'Can you see how sad she or he looks? They wanted to play with you' (E13). A few parents and ECEs also indicated that they would prompt the perpetrator to recall a time when he/she was excluded to reflect on the negative feelings that the victim may be experiencing. For instance, P35 would try "to get the perpetrator to try and feel what it would be like if they were in that situation if they were being rejected, how would they feel?" and E8 stated that she would "develop their perspective-taking for others." P14 was the only participant who spoke about discussing emotions with the perpetrator. In this example, she explained that if the perpetrator's RA is not a regular behaviour, she would "dismiss it as a minor incident" but if she noticed that the

perpetrator seems upset or agitated, she would approach the perpetrator and try to unpack and discuss those emotions with them.

Similar to the PA scenario, most parents and ECEs chose SEL related intervention strategies to develop the perpetrator's social and emotional skills. They perceived this strategy to be effective as the perpetrator would learn to be more inclusive or respond more appropriately to a peer who wants to play with him/her. Other parents and ECEs chose this intervention strategy based on personal experience.

4.2.1.2 Victim. The theme of SEL was found less frequently in parents (55%) than ECEs (65%) (See Table 14). Only one parent described equipping the victim with pro-social skills that can help them better enter play. The parent shared that she would "give them (victim) an opportunity to have a suggestion about what they could do to join in with their play."

Table 14

Number of Parents and ECEs Suggested Intervention Strategies Related to SEL for Victim in RA Scenario

Responses	Parents	ECEs
Teach pro-social skills	1	15
Facilitate in mediation	8	7
Teach assertiveness	0	3
Discuss emotions	6	10

Amongst the ECEs, many of them responded in ways that would teach victims pro-social skills such as waiting and turn-taking. Additionally, teaching the victim to communicate effectively with the peers he/she want to play with was frequently stated by the ECEs:

I think that's all part of that social education, having turns, sharing ideas, listening to each other as well as contributing...work with the child who has been excluded and give them prompts, give them ideas on how they can contribute to the play (E22).

For these participants, they chose to teach the victim pro-social skills because they believe that the victim may be lacking the social skills required to enter play. By teaching the victim skills such as turn-taking, the victim will not get excluded from future play with his/her peers.

Some parents and ECEs felt that they could support the victim by facilitating mediation between the children. This involved bringing the two children together to have a talk about the situation. In this case, it meant encouraging the victim to communicate his/her feelings and thoughts on the situation as well as share his/her idea to the perpetrator as a way of initiating and contributing to the play. P29 suggested "trying to speak to both parties and come up with ways around that and trying to ask a better way that they could be involved in the game." while E15 took on the perspective that the victim may have antagonised the perpetrator:

...'He (victim) keeps breaking our game or he won't listen to us', and then give the victim a chance to think about that and then maybe come back and say 'well I'll listen this time' and then negotiate a happy outcome for all...find a commonality between them that they do like and then work on there and then support the other child into their play.

Teaching assertiveness to the victim was only found with ECEs. The statement below is reflective of the perceptions of the three ECEs:

And then for the victim, I am going to say "how did you feel about it?" and again, it's processing how the child feels about the whole situation and then ask how can she/he actually stand up and say I really want to play. (E49)

In this case, the ECEs reasoned that they want to teach the victim how to "deal with the situation".

A few parents and ECEs also stated that they would talk to the victims about his/her feelings after being excluded. Most parents and ECEs who used this intervention strategy had very similar responses. For example, P25 explained that she would "discuss about feelings" to "acknowledge and validate" the victim's feeling because it is important for children to communicate and explain their emotions or "they are never going to be able to own their feelings and get a grip on their emotional view of the world."

4.2.2 Authority-based

Authority-based approaches were found only with perpetrators and were more frequent amongst parents (45%) compared to ECEs (35%). Responses gathered from the parents and ECEs include indicating to the perpetrator that the behaviour is intolerable, giving negative consequences, reviewing rules, and having the perpetrator apologise to the victim (see Table 15). Similar to PA, parents and ECEs want the perpetrator to learn that the aggressive behaviour is inappropriate and not to do it again in the future. Some parents and ECEs said they would simply let the perpetrator know that the aggressive behaviour is intolerable. For example, P21 stated that she would tell the perpetrator "we include our friends in our play and that we don't like to leave our friends alone with nobody to play with." Interestingly, the four parents and ECEs who were included in the "negative consequence" code shared the same method. E4 said that she would tell the perpetrator, "Well, we are all friends here and we can all play together and if you don't like it maybe you can move away." Likewise, P38 stated that she would tell the perpetrator, "If you can't sit together, then maybe you need to choose something else to do." As such, the negative consequence given to the perpetrator who excluded the victim was ironically to exclude the perpetrator from the play.

Table 15

Number of Parents and ECEs Suggested Authority-based Intervention Strategies on Perpetrator in RA Scenario

Responses	Parents	ECEs
Indicate behaviour is intolerable	6	5
Negative consequence	2	2
Review rules	0	8
Make perpetrator apologise	2	0

Reviewing of rules was only suggested by ECEs. Two ECEs mentioned that in their centre, there is an established rule of "you can't say you can't play" which seems to be a similar theme to the "you hit, you sit" rule that was discussed in the PA scenario. However, none of the ECEs had mentioned using both rules during the interview and more ECEs shared the "you hit, you sit" rule than the "you can't say you can't play" rule. When the perpetrator excludes the victim from play, the

ECEs would remind him/her of that rule. As for the other ECEs, they recommended reminding the perpetrator of more general social rules: “At Montessori we have rules...the only rules are that you must be kind to every person, to everything and to yourself. So, it would just come back to that; that we must be kind to everyone” (E11).

Lastly, two parents said that they would get the perpetrator to apologise to the victim for the exclusion. The parents would first talk to the perpetrator about how their behaviour had distressed the victim and then bring the perpetrator to the victim to apologise and invite the victim into the play. For example:

Once you’ve done that and got them to talk about it, bring them back to the situation and suggest to them that maybe it would be a good idea to include that person in the game or the playing...bring the child back and talk to the victim and apologise for saying those words, ‘they didn’t mean that in a hurtful manner and would you like to now play with me?’ (P13)

4.2.3 *Involve Others*

Only a few parents and ECEs had stated that they would involve other adults or children with the perpetrator and/or victim in the RA scenario.

4.2.3.1 Perpetrator. No parents involved others in their intervention strategies while six ECEs (16%) mentioned that they would include the class in learning. E10 described that she would do role-plays and group discussion with the class instead of individually with the perpetrator because she does not want the perpetrator to feel targeted. For other ECEs, they chose to involve the class when such behaviours occur because they see it as important learning that all the children should be part of:

It needs to be a two-fold approach, and it also needs to be something as a group that the teachers talk about with the whole group and on a regular basis, especially if those behaviours are starting to increase in regularity. (E34)

4.2.3.2 Victim. One parent (5%) and one ECE (2%) stated that they would involve other adults or children in their intervention strategy. The parent shared that in an ideal situation for her, she would involve another adult because she thinks "it would be tricky to do it both simultaneously, because you kind of want to have a quiet conversation with both of them"(P34). For her, choosing to involve another adult to speak separately to the children aligns with her experience and training in the play centre she is currently in and having that time alone to teach the child social-emotional skills makes it an effective intervention strategy. As for E14, she mentioned that she would gather the children in play to problem-solve together so that the victim can get some support from his/her peers and this process is already promoting inclusiveness by itself and thus will be effective.

4.2.4 Relieve Distress

More parents (80%) compared to ECEs (49%) shared that they would approach the victim in ways that would help to relieve the victim's distress (see Table 16). A few ECEs reasoned that they would use this intervention response to remove the "sense of isolation" experienced by the victim and one parent explained that she wanted to make the victim feel secure again. The parents and ECEs felt that this is effective because the victim's well-being is being met.

Table 16

Number of Parents and ECEs Suggested Relieving Distress of Victim in RA Scenario

Responses	Parents	ECEs
Comfort, affirm, and encourage	10	5
Apologise for perpetrator	1	2
Explain behaviour was unintentional	0	2
Distract victim	12	11
Integrate victim personally	0	5
Advise to ignore	0	1

Many parents and a few ECEs explained that they would try to reduce the distress of the victim by comforting, affirming or encouraging the victim. These parents and ECEs would often do so by checking in and empathising with the victim, giving the victim a cuddle and/or by encouraging the victim to engage in other play:

Sometimes if the child is isolated or by themselves I'll then go to the child and I'll say, "You can come play with me, I need a friend or I'd love to be your friend. You've got amazing ideas. I've seen you do this ... can you come and teach me?" (E1)

For most parents and ECEs in this code, comforting, affirming, and encouraging would usually be used first and accompanied by other intervention strategies (e.g., discussing emotions). However, two parents shared that they would not go beyond comforting and acknowledging the victim's feeling:

I would listen and empathise and maybe say, "It hurt your feelings when they wouldn't let you play with them", but I wouldn't offer anything else. I wouldn't offer to save them from that situation. I wouldn't make out that it was really bad or anything like that. I would just empathise and hold space for them until they could move through those feelings on their own and get back to their play. (P18)

One parent and two ECEs responded that they would talk to the victim and apologise for the perpetrator's behaviour. For instance, Parent 29 would tell the victim, "I'm really sorry that they said that. That must have hurt your feelings." There were two ECEs who mentioned that they would explain the behaviour of the perpetrator to the victim to emphasise that the perpetrator did not mean any harm:

So when I explained to Child B (victim) that you know that may actually not be something that you need but one day you might appreciate some "Me time" and she was fine. Child A (perpetrator) just wants some time by herself, it doesn't mean that she doesn't love you, it doesn't mean she doesn't want to be your friend, she just wants to be by herself. So when that was explained it was like "Oh okay, now I get it." (E18)

Distracting the victim from the aggressive situation was the most common intervention strategy in this theme. Many parents and ECEs stated that they would distract the victim by engaging the victim with other peers and/or activities:

I would probably spend more time focusing on the person that was hurt and say, "How about you join me or join this other group of children or come and let's find something that is special for you" so probably more distraction and removing them from the situation. (P20)

The last two codes (i.e. integrate victim personally and advise to ignore) were only found in the responses by ECEs. A few ECEs (14%) would address the situation by approaching the victim and integrating him/her into the perpetrator's play using either an intrusive method such as directly telling the perpetrator to let the victim into play, "remind the children who have done the excluding that everyone is allowed to play if they want to" (E12) or in a less intrusive way:

...support that child to integrate into the game in a non-threatening way, or non-confrontational way, let say "hey, how about you and I, we'd be elephants" and then you slowly work your way into the game. (E17)

E2 believed that by advising the victim to ignore the perpetrator's behaviour, the perpetrator would eventually include the victim in the play because the perpetrator's motive is to "want a reaction from the victim." Hence, this ECE would tell the victim:

You can just ignore them(perpetrator) because that's not a nice thing to say to you and sometimes children want to say that because they want a reaction, so if we just ignore it then they will often change their minds later on.

4.2.5 Information Seeking

Comparing with the PA scenario, a new code, "monitor", was coded in the RA scenario. In this code, the adults observe the situation after intervening to determine if they should interfere again. Parents and ECEs in this theme feel that it is important to have more knowledge about the children and the situation before stepping in.

4.2.5.1 Perpetrator. Many parents (60%) and ECEs (65%) responded that they would try to gather more information about the situation with the perpetrator before deciding the type of intervention strategy they would use (see Table 17).

Table 17

Number of Parents and ECEs Suggested Intervention Strategies in the Theme of Information Seeking on Perpetrator in RA Scenario

Responses	Parents	ECEs
Depends on context	5	12
Inquire and investigate	9	16
Monitor	0	2

A number of parents (25%) and ECEs (32%) indicated that their response depends on the context the children are in. For most parents and ECEs, observing the situation and listening to what the perpetrator had said to the victim was an important element to the aggressive situation as reflected by this ECE:

So, my response to (that) child who was saying the mean things would be dependent on the rude thing that was being said and what need they were meeting, if it was a need to play alone or it was to be mean...(E11)

Two parents and three ECEs said that they would only interfere if they see that the children are struggling to resolve the conflict between them: "normally stand back a bit and see what happened and leave them to sort it out themselves" (P17). Additionally, another two ECEs reported that their intervention strategy would "really depend on the ages and stages of the children involved" (E44).

About the same percentage of parents (45%) and ECEs (43%) were also interested to inquire and investigate the situation by seeking additional information from the perpetrator. For example, E15 shared that she would "probably ask them to explain why they're excluding the child if, you know, there might be a very good reason" to ensure that she had a good understanding of the situation and not assume that fault lies fully with the perpetrator. Similarly, a parent stated: "I would start by going to the perpetrator and saying, 'What's going on? I heard you say you can't play with us. Why did you say that'?" Find out what the story is" (P28).

Two ECEs spoke about monitoring the perpetrator after a resolution has been settled. These ECEs felt that there is a need for them to "stay close" to the children to ensure that the perpetrator

does not exclude the victim again. This was described by one ECE who said that the perpetrator may "bring the child in and then they move on to a different game very quickly so that they can just move away from the child" (E12).

4.2.5.2 Victim. From the interview responses, it was found that a much higher percentage of the parents (75%) compared to ECEs (32%) stated that they want to gain more information about the situation first before suggesting an intervention strategy (see Table 18).

Table 18

Number of Parents and ECEs Suggested Intervention Strategies in the Theme of Information Seeking on Victim in RA Scenario

Responses	Parents	ECEs
Depends on context	14	9
Inquire and investigate	6	6

Almost all the parents (93%) and several ECEs (75%), who were in this theme, stated that they would react depending on the context of the aggression scenario. This included whether the victim was able to resolve the conflict independently, how upset the victim was, and if the victim had actually antagonised the perpetrator first:

Normally, I stand back a bit and see what happened and leave them to sort it out themselves, and if they don't sort it out themselves, and say the second child is upset because they don't want to play with her or him, I would normally come and invite her to play with some other child or with me. (P17)

An additional determining factor highlighted by a few ECEs but not with the parents was the age and developmental stage of the victim. E15 explained that if the victim is older, she would get the victim and perpetrator to negotiate and come to a consensus but if the victim is younger, she would instead "sit down and play with both of them and interact with both of them to get a bit of alongside play going."

Some parents (30%) and ECEs (16%) talked about inquiring and investigating the situation with the victim to inform their intervention strategy. These parents and ECEs would approach the victim

to ask what had happened and some had stated that they would also ask the victim to tell them why he/she thinks that he/she is being excluded by the perpetrator: "I would probably start with the child who had been excluded and have a chat with them about why they thought they were being excluded and what may or may not have happened before to set that up" (E10).

Additionally, a few parents and ECEs felt that the victim may have antagonised the perpetrator first and hence wanted to obtain more information to confirm the situation. P28 said that she wants to "find out what the story was" and recognised that there is a possibility the victim had "done a whole lot of aggressive or unproductive behaviour towards that child (perpetrator)" which led to the perpetrator's behaviour.

4.2.6 Ignore

This theme was only found in the response towards the perpetrator. One parent (5%) and eight ECEs (22%) described intervention responses that suggested that they would ignore the perpetrator's aggressive behaviour. These parents and ECEs would either do nothing or allow the perpetrator to exclude the victim in their play. Two ECEs mentioned that if aggressive behaviour is not a regular behaviour exhibited by the perpetrator, they would not do anything about it. The other parents and ECEs believed that the perpetrator should not be forced to play with the victim if he/she doesn't want to. Thus, they would reinforce that notion with the perpetrator, as described by E10: "In that scenario where the child is saying 'I don't want to play', I'd tell the child that that was okay because you don't have to play with your best friend all of the time." For most of these parents and ECEs, they reasoned that there is a need to respect the perpetrator's choice of playmate and it is effective because the perpetrator's needs are met in this case.

4.2.7 Comparison of Intervention Strategies Used on Perpetrator and Victim

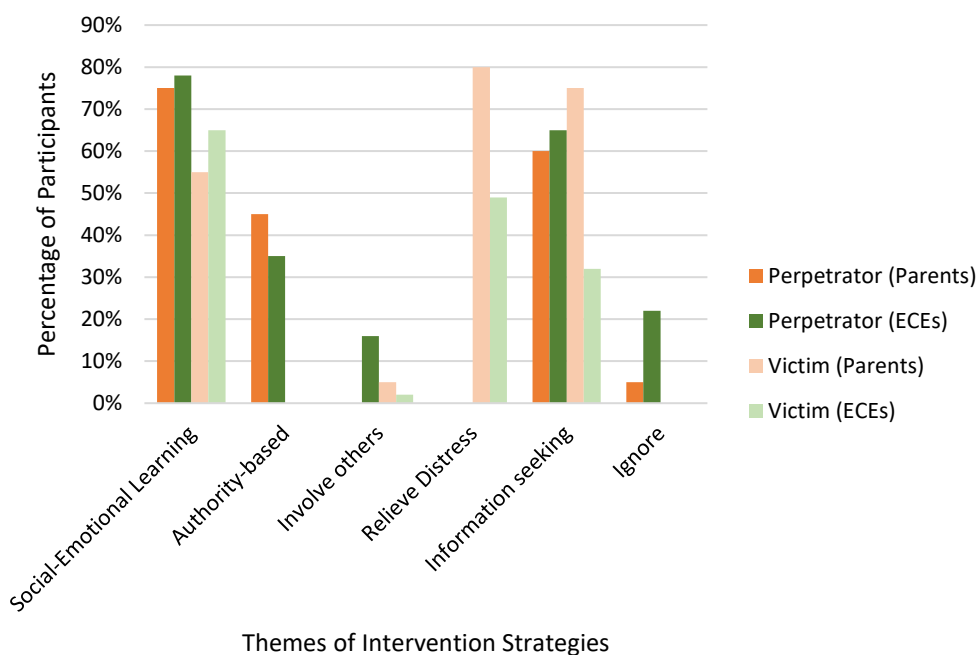
Findings from the data analysis (see Figure 3) demonstrated that parents would suggest a few more intervention strategies on the victim (54%) than on perpetrator (46%). In contrast, ECEs reported slightly more intervention strategies on the perpetrator (57%) than on the victim (43%). SEL related intervention strategies were most frequently used by the parents and ECEs when responding

to the perpetrator in the RA scenario. In the case of victims, intervention strategies that relieve the distress of the victim had the highest percentage from parents. Most ECEs, on the other hand, chose SEL related intervention strategies to respond to the victim in the RA scenario. The theme "involving others" was the least used theme when responding to both perpetrator and victim in this scenario. However, a slightly higher percentage of parents and ECEs responded by getting other adults and children involved in the situation when responding to the victim (28%) compared to the perpetrator (9%). None of the parents and ECEs had chosen to ignore or use authority-based intervention strategies on the victim but did so with the perpetrator. Relieving distress was also not found in parents' and ECEs' responses with the perpetrator.

The use of SEL related intervention strategies by both parents and ECEs in the RA scenario was found to occur more often with the perpetrator compared to the victim. Parents were more likely to seek more information from the perspective of the victim than from the perpetrator whereas a higher percentage of ECEs would seek information from the perpetrator than from the victim.

Figure 3

Comparison of Intervention Strategies Used on Perpetrator and Victim in Relational Aggression Scenario



4.3 Intervention Strategies between Physical and Relational Aggression

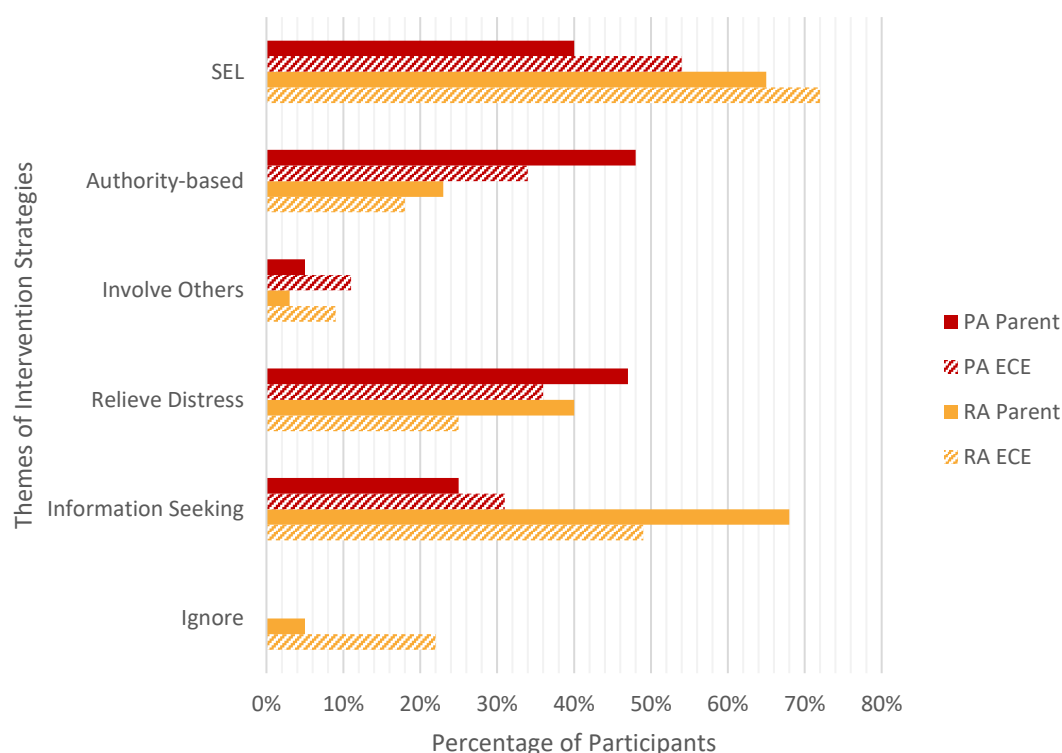
Analysis of the data found parents and ECEs reporting more intervention strategies in the RA scenario than in the PA scenario. For parents, the authority-based theme appeared most frequently in the PA scenario while the theme “information seeking” was the highest for the RA scenario (see Figure 4). The highest percentage of ECEs suggested SEL related intervention strategies in both PA and RA scenario. The theme “involving others” had the smallest percentage of parents and ECEs in both scenarios.

For the theme of authority-based and relieve distress, more parents and ECEs suggested those intervention strategies in the PA scenario than the RA scenario. In the PA scenario, authority-based intervention strategies were reported two times more by parents and ECEs than in the RA scenario. More ECEs and parents in the PA than RA scenario spoke about attempts to relieve the distress of the victim.

Both parents and ECEs are more likely to respond with intervention strategies in the theme “SEL”, “involve others”, and “information seeking” in the RA scenario than the PA scenario. Around 25% more parents and 18% more ECEs suggested SEL related intervention strategies in the RA scenario than in the PA scenario. Twice as many parents and slightly more ECEs stated involving others as part of their intervention strategy in the PA scenario than the RA scenario. A small percentage of parents and ECEs indicated that they would ignore the child's RA (16%) and none stated they would ignore the child's PA.

Figure 4

Comparison of Intervention Strategies between Physical Aggression and Relational Aggression Scenarios



4.4 Comparison of Intervention Strategies Shared by Parents and ECEs with the Incredible Years Series

In this section, the findings from the semi-structured interviews with parents and ECEs are compared with the recommendations from the IYS programmes. As explained in the previous chapter, the IYS is a universal SEL programme that has courses such as IYPP and IYTP that are offered to parents and ECEs in NZ. While there are some slight differences between the IYPP and IYTP, the main recommended strategies that are relevant to this are mostly identical. These recommended strategies examined in the study (in no particular order) included:

- promoting friendship (pro-social) skills,
- developing empathy,
- problem solving,
- encouraging children to "use words" to express self,
- calming techniques,

- praising, giving incentives/rewards,
- manipulating the classroom environment,
- redirection and ignoring,
- setting limits and boundaries, and
- giving consequences.

In the IYS, parents and ECEs are strongly recommended to use certain strategies more liberally than other strategies so as to focus more on building social emotional competencies than only responding to the challenging behaviours when it arises.

4.4.1 Intervention Strategies for Physical Aggression with Incredible Years Series' Recommendations

Comparison between the common intervention strategies described by the participants when responding to the hypothetical PA scenario suggested some similarities and differences with the strategies taught in the IYS.

Firstly, the majority of the participants in this study responded to the PA scenario with SEL related intervention strategies. As the IYS is an SEL programme, it is not surprising that many of the reported intervention strategies in the SEL theme align with the recommended strategies found in the IYS. The IYS encourages parents and ECEs to build social and emotional competence with young children using strategies that promote positive social interactions, empathy and problem solving. These recommended strategies are also observed in the response provided by the participants in the study under the codes of teaching pro-social skills, promote empathy and support problem solving. Encouraging children to "use words" to communicate emotions and resolve conflict is recommended in the IYS and found in the reported intervention strategy of facilitating mediation between perpetrator and victim, teaching assertiveness to the victim, and discussing emotions. The IYS also includes the practice of using calming techniques (e.g. breathing, calming corner) to teach young children (both perpetrators and victims) to regulate their emotions. This strategy is seen in parents' and ECEs' responses in the code of teaching self-regulation and coping skills.

Secondly, a match was found between the IYS topic on managing challenging behaviours and the authority-based theme from the study. In the IYS, the topic of managing challenging behaviours teaches parents and ECEs to set limits and boundaries at home and in the classroom to establish expectations and consequences. When a child displays challenging behaviours like aggression, parents and ECEs may remind the perpetrator of the expected behaviours (i.e. behaviour rules), provide a warning or give a consequence. The IYS state that such strategies should be used sparingly. In this study, reviewing rules and indicating the aggressive behaviour to be intolerable are similar to the IYS's strategies of reminding the perpetrator of the expected appropriate behaviour. At the same time, the strategy of "negative consequence" is similar to the IYS's strategies of giving negative consequences. A closer look at that intervention strategy also found most parents and ECEs responded by putting the perpetrator to the back of the line which according to the IYS is considered a logical consequence. Findings from the study found a relatively high percentage of parents and ECEs using intervention strategies in the authority-based theme with the perpetrator in the PA scenario. Such strategies are recommended to be used sparingly by the IYS. Also in the authority-based theme is the intervention strategy of making the perpetrator apologise for his/her behaviour. This is not a strategy recommended in the IYS.

Thirdly, in the IYTP, strategies related to social and emotional skills are usually structured for whole-class learning through games and stories. One-on-one intervention between adult and child is only recommended when responding to disruptive and challenging behaviours (e.g. aggression). A code that appeared in the study that seemed to align with the IYTP is the code "involve class in learning" found in the theme "involving others". While both strategies included children in the class for learning, the motivation behind the strategy is different between the IYTP and what is reported in the study. ECEs in this code are engaging children in whole class learning as a response to the aggressive behaviour rather than the one-on-one intervention recommended by the IYTP. For example, some ECEs explained that they involved the class to address the behaviour in general instead of targeting the perpetrator. This is different from the strategies taught in IYTP where ECEs

are encouraged to respond to the perpetrators individually. The other two codes in this theme (i.e. involving other adults, involving peers) were not found in the IYS.

There are two themes in the analysis that are not present in the strategies taught in the IYS. They are “relieving distress” and “information seeking”. Participants in the study also did not mention the following strategies that are taught in the IYS:

- praise, incentives/rewards,
- manipulate the classroom environment and,
- redirection and ignoring.

4.4.2 Intervention Strategies for Relational Aggression with Incredible Years Series' Recommendations

Findings showed that a few of the intervention strategies described by participants in response to the hypothetical RA scenario are also present in the strategies taught in the IYS. These include the themes "SEL" and "ignoring", and the code, "involve class in learning".

Firstly, concordance was found in the use of SEL to respond to RA and the strategies taught in the IYS. In the IYS, the topic on "Teaching children friendship skills and ways to cope with peer problems" equip parents and ECEs with strategies that assist young children to make friends, engage in cooperative play, and resolve peer conflict. This is done by teaching young children how to talk to friends (e.g. finding common interest), how to initiate and join play, sharing, waiting, and turn-taking. The teaching of pro-social skills found in this study is similar to the IYS's strategy of giving children the language to use when they want to enter play. Other intervention strategies of facilitating mediation, teaching assertiveness to the victim and discussing emotions align with the IYS strategies of teaching young children how to resolve peer conflict through the expression of feelings and negotiation. Secondly, some ECEs from the study also indicated that they would involve the class in learning such as having a discussion about social exclusion. This strategy aligns with the strategies taught in the IYS where ECEs learn how to use stories, games, and role-plays to engage children in topics such as what to do when socially isolated

However, many of the strategies in the IYS tend to be targeted towards children that are or may be victims of RA instead of the perpetrators. As discussed above, children are taught skills to enter play and resolve conflict when they experience exclusion but the children are not taught skills that promote inclusion, nor does the perpetrator receive any negative consequence from being relationally aggressive. This is different from the intervention strategies described by parents and ECEs in this study who indicated that they would use SEL related intervention strategies to either encourage the perpetrator to be inclusive or to use kinder words if they do not want to play with their peer. Many of the vignettes present in the IYS course materials also made reference to social exclusion but most are done from the perspective of the victim (i.e. what the victim can do next time to be included in play) and not as a response to the perpetrator. It is observed that the IYS course materials heavily focus on PA compared to RA (e.g. disruptive behaviours in class, aggressive behaviours escalating) and included no definition or meaningful awareness on topics surrounding RA.

A few participants in the study also responded to the perpetrator in the hypothetical RA scenario by ignoring the social exclusion behaviour. This strategy is present in the IYS where parents and ECEs are taught to ignore minor misbehaviours. However, the intention behind the IYS strategy may be slightly different from the strategy described by the participants who ignored the perpetrator in this scenario. In the IYS, ignoring is used to deprive the perpetrator of attention as attention is believed to be a source of motivation for the misbehaviour. For the participants in this study, ignoring was more of a response that approves the exclusionary behaviours. More specifically, parents and ECEs believed that the perpetrator had a choice of playmate and did not have to include the victim in their play if they did not want to.

The intervention strategy themes indicated by the participants in the study that are not present in the IYS are authority-based, relieving the distress of the victim, and information seeking. Participants in the study also did not mention the following strategies that are taught in the IYS:

- praise, incentives/rewards and,

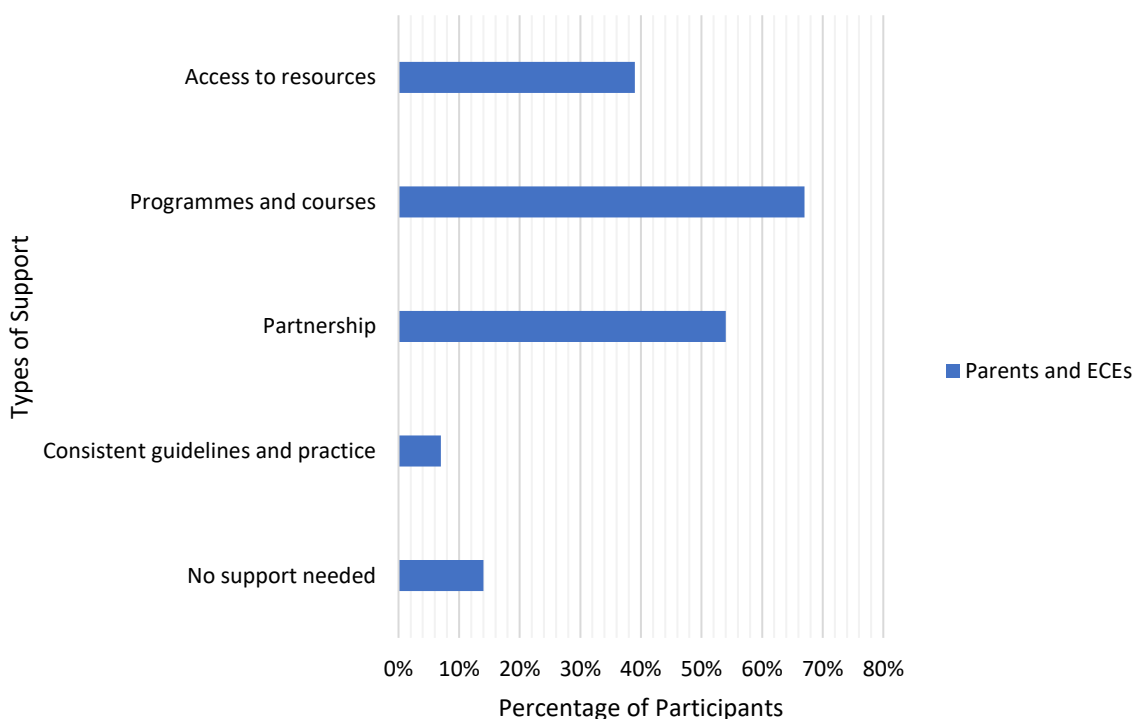
- manipulate the classroom environment.

4.5 Supports Wanted/Needed by Parents and Early Childhood Educators

From the interviews, a thematic analysis revealed five main themes around the types of support parents and ECEs felt they want or need to help them better respond to young children's aggressive behaviours. The five main themes are: (a) access to resources, (b) partnership, (c) programmes and courses, (d) consistent guidelines and practice and, (e) no support needed. The majority of the parents (95%) and ECEs (94.6%) indicated that they had a number of unmet needs in supporting and effectively responding to young children's aggressive behaviours (refer to Figure 5).

Figure 5

Unmet Needs of Parents and ECEs



4.5.1 Access to Resources

Access to resources involved parents and ECEs wanting to know and have access to the resources available in NZ. A similar percentage of parents (40%) and ECEs (38 %) expressed that they wanted access to more resources that will support them in responding to the aggressive behaviours

exhibited by young children (see Table 19). For both parents and ECEs, this included having the awareness and necessary information to access appropriate supports, access to contemporary and relevant literature, government funding and teacher-child ratio, and opportunities to attend parenting programmes. Additionally, ECEs also wanted more time, and relevant courses and scholarships in tertiary education to support their professional development (PD).

Table 19

Number of Parents and ECEs in the Theme of Access to Resources

Supports	Parents	ECEs
Awareness and information	5	4
Contemporary and relevant literature	2	4
Government funding	1	3
Time	0	4
Tertiary education and scholarship	0	2

4.5.1.1 Awareness and Information. Firstly, a concern brought up by some parents (25%) and ECEs (11%) is that they do not know what kind of supports and services are available in the community, where these supports are, who is providing these supports and how to engage in these services. Five parents and four ECEs spoke about the need for awareness and information on the types of support and service eligible for parents. For instance, one parent shared that for her and most parents they would not be aware nor seek out information unless their children's behaviours are impacting their family's life. However, she expressed that she and other parents would still want to have the knowledge about organisations which provide the relevant supports:

I don't necessarily go out and proactively find those things if it is not applicable to me at the moment... I think knowing that there are those providers that provide seminars or sessions that parents can go to and get helpful tips from people who have done it before. (P13)

This was reinforced by another parent who indicated that she did not need any support currently but would want to have the relevant supports when she needs them: "If anything came up

I would certainly be interested but nothing looks prevalent at this stage of where my children are and what they are doing" (P21).

As for the four ECEs, they want to have more information on where and how to refer parents and children to the necessary supports for aggressive behaviours, and also the need for the referral process to be more efficient. For instance, E18 noted that for her and the school, they sometimes "...don't have the tools to support the family and also we are not aware of the different services that are available to family." Other ECEs shared their experiences on referring families to supports and wanting the process to be faster. The main worry for these ECEs is that by the time the support arrives for the children, it would be too late:

What we would love is the referral process for specifically behavioural kids to be simplified, and the process is quicker. Because like what I was saying before about how you can maybe refer the child at 4 years old, but it takes 2 terms to get accepted and then one term will be where they're analysing them and then they literally only have a term to properly work with them and it's just not enough. It's just speeding that process up. (E42)

4.5.1.2 Contemporary and Relevant Literature. A few parents (10%) and ECEs (11%) shared that they want more access to contemporary and relevant literature. However, the types and formats of literature requested by parents and ECEs were relatively different. Two parents talked about difficulties accessing literature, particularly grey literature (i.e. unpublished research or materials published in non-commercial forms like pamphlets, brochures, online articles, etc.) on young children's aggressive behaviours. P17 shared that "...I just think there needs to be more information packets. Stuff just to help teachers deal with those types of situations, and parents." Another parent expressed frustration in finding information specifically on aggression in official local websites such as "Strategies with Kids, Information for Parents" (SKIP) that claims to provide parenting tips and strategies for different behaviours. For both parents, the support they requested was to have access to ample reading materials on aggression that is informative and simple to

understand. In this way, parents can more easily find the information they require and read a variety of materials to better understand and manage aggressive behaviours when they occur.

In contrast, ECEs described wanting to be able to access literature that is not only contemporary but also academic-based. For instance, one ECE raised the issue of having to depend on social media, such as Facebook, to find out about the latest research and then searching for the literature independently to inform her pedagogical practices. For some ECEs, they want to be updated and have the literature easily accessible from their organisations. Other ECEs express the need for more research in the area of early childhood aggression with one ECE expanding on that desire by sharing that she wants access to research that "are actually happening here in NZ, (with) teachers and the children from NZ, so it's really a local setting, local understanding" (E39).

4.5.1.3 Government Funding. One parent and three ECEs mentioned the need for more government funding in the early childhood sector. For instance, one parent wants early childhood centres to have access to teacher-aids or other professionals who can not only support the educators and children but also provide their expertise and advice to parents who are struggling with their children's behaviours. As both a parent and an education support worker, she has observed the benefits of having extra supports such as teacher-aides and Resource Teachers: Learning and Behaviour (RTLb) in schools and wanted the government to extend similar services to early childhood education too.

For the ECEs, they feel that the government need to provide more funding to the early childhood sector so that centres can increase access to more teacher-aides. With teacher-aides, the teacher-child ratio will be lowered and the ECEs believe that this will better support ECEs in responding to aggression in their centre:

... if we did have lots of aggressive children at our kindy, I guess that would be the main thing, is to get help from special education with teacher aides to come in and support the team. I think ratios of 1:7 maximum in Early Childhood would go a long way in helping other centres who have higher ratios (E14).

A head teacher explained that she too wants "support in terms of man-power" but "there's not enough money for that." She wants that extra educator in her centre to ensure that the children are still getting the education they need when she is away working with parents on important issues such as aggressive behaviours.

4.5.1.4 Time. Having more time is another code that appeared in the theme of accessing resources for ECEs. This code was not present in the interviews with parents. Time is an important resource for ECEs as they want to have more time to carry out tasks that can help in better responding to aggressive situations. This may be in terms of having time to read up on the latest research, communicating with parents, or relief time:

I would like more time. It takes time to be able to think and reflect and if it is really busy, you don't get time to do that, and you have to run on automatic pilot really and then there is no adaption to change and making things better. (E8)

4.5.1.5 Tertiary Education and Scholarship. The next code that was only present in the ECEs interview was the availability of relevant courses and scholarships in tertiary education. Two ECEs discussed the lack of learning in areas pertaining to aggression in tertiary education. To become a registered ECE, completing tertiary education in ECE is a basic requirement. The two ECEs indicated that the tertiary education they completed had not provided courses on managing children with challenging behaviours such as those displayed by aggressive children: "While it was a wonderful degree and heavily academic, there is not a huge amount of emphasis placed on how we support children with challenging behaviours" (E18). These ECEs did not feel adequately equipped to effectively respond to the children during aggressive episodes. Hence, they saw the need to have tertiary courses that will teach educators how to support children with aggressive behaviours.

One ECE spoke about the need to have more scholarships for ECEs. She believes that this would promote early intervention as it is important for aggressive behaviours to be addressed in the early years to prevent the development of more severe aggressive behaviours in the future:

I think it would be majorly cool to have a two year degree just to focus on behavioural issue in young children. I think if you get it here before they turn five ... you have a better chance to get that progress through school, and scholarships. I got a scholarship for my EI study. Maybe there should be some more scholarships out there for other teachers to do early intervention. (E1)

4.5.2 Programmes and Courses.

The theme “programmes and courses” included parents and ECEs who are interested in attending relevant programmes and courses that can equip them with knowledge and effective strategies to respond to aggressive behaviours. Having the knowledge and skills to respond to aggressive scenarios is the support the majority of parents (60%) and ECEs (68%) wanted and felt is needed (see Table 20). Parents and ECEs want to attend programmes and courses on topics that will facilitate an understanding of early childhood aggression and/or equip them with effective intervention strategies that they can practice at home or in the centre.

Table 20

Number of Parents and ECEs in the Theme of Programmes and Courses

Supports	Parents	ECEs
Knowledge-based	5	15
Practice-based	9	18
Any	1	3

4.5.2.1 Knowledge-based. Some parents want to have more knowledge on topics about aggression, child development, and neurodevelopment while some ECEs want to gain more knowledge on specific topics like aggression, attachment, bullying, child development, and neurodevelopment. By gaining this knowledge, these parents (25%) and ECEs (41%) believe that they will be able to better understand young children’s aggression and aid them in responding to the aggressive episodes.

Parent 28 shared that having more knowledge on PA and RA can "help me see things in a different way and then I carried it forward" whereas other ECEs were interested in learning what the triggers and underlying factors for aggressive behaviours are to facilitate their understanding of

aggression. Few parents (20%) and ECEs (8%) expressed interest in gaining knowledge on child development, specifically how children develop socially, why children exhibit certain behaviours, and what typical child development in the early years is. E12 highlighted the need for ECEs to have a deeper understanding of child development to be able to differentiate between developmentally appropriate behaviours and aggressive behaviours while a parent shared her view on understanding child developmental stages:

...there is the expectations that our kids have to be perfect, but they are all trying to learn as well, so I think that we just have to be a little bit more aware of the stages they have to go through and if everybody is on the same page. (P20)

A few parents (5%) and ECEs (8%) want to attend courses that cover topics such as brain development and the neurobiological mechanisms behind aggressive behaviours. One parent suggested that it would be helpful for her to understand "which part of your brain you are using in emotional responses or aggression response" and how she can address the child in ways that made sense in a neurological way. Similarly, an ECE related wanting this specific support to her experience:

I also love any course that talks about the child's mind, from a medical and psychological perspective because we had a really aggressive child and when I learned about the fight and flight responses to their brain and the length of time it takes to correct that behaviour and sometimes it is never corrected, but it's not always the child's fault. They've learned that behaviour from when they were babies and that was from a medical perspective. (E31)

4.5.2.2 Practice-based. For the majority of parents (45%) and ECEs (49%), they want to attend programmes and courses that can give them the skills to effectively manage or prevent young children's aggressive behaviours. Some similarities between the types of programmes and courses requested by parents and ECEs were noted. For instance, a few parents and ECEs expressed the desire to attend courses that would equip them with practical, and/or more specialised skills such as managing children with special needs or traumatic backgrounds.

Three parents and three ECEs talked about wanting to attend programmes and courses that will teach them practical intervention strategies that are applicable in their context. For these parents and ECEs, the practicality of the intervention strategies is crucial in helping them respond to the aggressive situation:

...when you are a parent (at) home trying to deal with children in your own space, all of this stuff is very ... you know it in your head, but as a parent actioning these and modelling the very good behaviour is really hard when you are having a busy (and) strung out day and your children are misbehaving or fighting together. (P25)

For E34, she felt that PD courses need to "be stuff that teachers can relate to on a day-to-day level. It's got to be research that really hits home and that they can find strategies that work most effectively with them."

Some parents and ECEs found themselves in situations where a child may have special needs or had experienced trauma. For these parents and ECEs, they want programmes and courses that teach intervention strategies that are tailored to these children. Two parents shared their experiences with children who displayed highly aggressive behaviours and were perhaps displaying aggression because of their additional needs.

Maybe some education about, like there is a kid at my son's day-care who is super aggressive, but I feel like he has some sort of mental health issue and I'm not quite sure how to deal with kids like that (P23).

Similarly, E11 explained that the aggressive behaviours exhibited by children who have experienced trauma may need to be managed in ways that are different from typical children that have aggressive behaviours because of the effects of trauma on the child's social-emotional and cognitive development: "Like, his aggression has an understandable background and he is coming from a different place than children who are not traumatised."

Some differences were also found between the programmes and courses requested by parents and ECEs. First, some parents want to learn how to effectively communicate with the

perpetrators and victims after a physical or relational aggressive situation. For example, one parent requested courses that provide role-plays and scripts that she can use in aggressive situations.

Likewise, P35 wants to know "...what to say, what to do, how to show that I'm not happy because he is hitting me." Two parents think that there need to be more positive parenting programmes in the community. These parents believe that positive parenting programmes can give "parents the strategies to deal with challenging behaviour at home, like children that are hitting, kicking, swearing ..." and that a "positive nurturing approach would suit my personality type better"(P17).

In terms of acquiring skills through PD, some ECEs want to be equipped with strategies that can help them manage challenging and aggressive behaviours (19%) whereas some want to be involved in SEL programmes (11%) that are effective in preventing aggressive behaviours. Others (8%) would like to have strategies that are culturally responsive, practical, and/or more specialised such as managing children with traumatic backgrounds.

For ECEs who want to attend programmes and courses, a number of them mentioned already having the knowledge and skills to respond in physically aggressive situations. Instead, they wanted more support in the areas of RA. For example, E41 found it easier to manage PA "but dealing with the verbal... I find it harder to cope with and trying to come up with strategies on how to help the situation." Similarly for another ECE, she felt uncertain about how to respond to relational aggressive behaviours displayed by the young children in her centre: "But that 'I don't want to play with you' or 'I don't want to be your friend', is a very powerful tool and I don't know that we are educated enough to know how to unpack that" (E10).

Attending SEL programmes was requested by ECEs but not parents. Four ECEs expressed their desire to attend SEL programmes. These ECEs felt that it is important to help children navigate social situations better as well as promote emotional development. For instance, E4 thinks "there needs to be more emphasis in initial teacher training on supporting the social and emotional development of children, like Incredible Years becoming a part of initial teacher training."

Only one ECE indicated the desire to attend courses that can help her be more culturally responsive when addressing aggressive situations. From her teaching experience, she found that different cultures have different ways of managing aggressive behaviours so a good understanding of the differences may help her to handle aggressive situations in a more culturally responsive way that is respecting the children's Mana. One parent and three ECEs stated that they just want to attend any type of programmes and courses that are available that would help them more effectively respond to young children's aggressive behaviours.

4.5.3 Partnerships

The next theme that emerged from the thematic analysis was “partnerships”. Partnership describes parents’ and ECE’s desire to work cooperatively with and amongst each other, as well as with external professionals. In this theme, many parents (40%) expressed their desire to work alongside other parents, external professionals, and/or with the early childhood centres to more effectively respond to young children’s aggressive behaviours while a higher percentage of ECEs (62%) want to form partnerships with other educators, external professionals, and/or with parents (see Table 21).

Table 21

Number of Parents and ECEs in the Theme of Partnerships

Supports	Parents	ECEs
Parents	2	14
School and ECEs	5	7
External professionals	3	8

For instance, P11 indicated that she wants to partner with other parents so that everyone will have "the same ideas as I did, so whenever a kid was aggressive they got dealt with in the same manner, so it wasn't a lottery." Another parent indicated that there is a need for parents to be using the same strategies when handling aggressive situations. This need is further extended by P13 who wants a parent support group that can allow parents to get together, "bounce ideas" off one another and discuss good strategies on dealing with the aggressive situation. Both parents felt that

by responding to young children's aggression with strategies that are consistent amongst parents, aggressive behaviours will reduce and be replaced by more pro-social behaviours.

Likewise, some ECEs (35%) want to be able to get support from other ECEs through sharing, mentoring, visiting other centres, and also exploring the effects of workplace bullying cultures. Three ECEs believe that when ECEs can come together and share their experiences and knowledge, they will be able to get advice and strategies on how to deal with aggression more effectively:

Doing courses whereas teachers you unpack and talk about scenarios and share ways to respond in conjunction with reading research and manuals on that sort of stuff keeps it at the front of your mind. (E34)

Two ECEs mentioned the need for educators to have support through mentoring with a senior educator. They explained that with a senior who can observe ECEs on the ground and give feedback, ECEs can improve on the intervention strategies used during aggressive situations:

...as in mentoring with me as a teacher. I think it was great that in our team we are going to start this thing where our centre manager is going to take videos of ourselves while we are on the floor teaching. After that we will take a look at the video as a team and try to analyse how we dealt with this in that situation, how could we improve it, what might we do better next time. (E39)

E14 spoke about wanting to have opportunities to visit other centres to see how they operate and manage a diverse group of children. She wants to learn more about working with children with diverse backgrounds which is something she found lacking in her centre. An unexpected support requested by E12 is about the need for ECEs to be safe from workplace bullying and aggression. She sees that if ECEs are victims themselves, it may be a challenge for them to help a child who is a victim too.

Forming a strong partnership between school and parents is another support a number of parents (25%) and ECEs (38%) expressed as a need to assist them in managing children who may be perpetrators or victims of aggression. P22 wants more open communication and updates from the school on her child's aggressive behaviours and workshops from the school to help her deal with

aggression at home. Similarly, many other parents also stated that they want schools to provide more resources such as workshops and reading materials:

Kindergartens and schools could just have books or workshops or even newsletters sent to email or just something, like 'topic of the week' or just little helpful information, because you can never have too much information when it comes to kids. (P26)

Similarly, several ECEs also want to improve their partnership with parents. To improve the partnership, ECEs suggested needing supports around effective communication with parents and having the knowledge and skills to assist parents in managing aggressive behaviours at home. One ECE shared an incident where she had a difficult time talking to a parent about his child's aggressive behaviours and did not manage to get consent for intervention after that:

I suppose talking to families about it and how do you broach that. I mean, I've had to do that in the past, talk to a family about their son's behaviour and yeah, he just, I ended up doing it in front of another teacher to back myself up, because he ended up being quite aggressive himself. (E26)

For this ECE, this experience led her to want to learn how to communicate with parents about aggressive episodes more effectively so that she can get the necessary help for the child through the parents' understanding and consent.

Additionally, a number of ECEs discussed that parents need to be able to access support from centres which can be through daily conversations or centre-organised workshops. These ECEs want to build strong relationships with parents and be able to deliver resources and tips that are simple and applicable to the parents in a home context. One ECE said that she wants to be able to share resources that can be read quickly or done in the parents own time as she understands that parents can be very busy. For E45, she wants to organise workshops that are free to parents "just to do some real short snippets, here are ten tips to use instead of yelling at your child, little workshops for them to build some strategies and help start that conversation around what works and what doesn't."

A few parents and ECEs also highlighted the need for partnership with external professionals such as parenting coaches, early intervention teachers, psychologists, doctors, and other experts on

early childhood aggression. These parents and ECEs want support from professionals that are not from the early childhood centre to give tips and strategies on managing children in aggressive situations both in the centre and at home. A reason for wanting this support was shared by P18:

I think you cannot say enough about parenting coaches or just having someone who is impartial and has a little bit of education and a little bit of knowing what they are talking about. Talking to mums at coffee groups and outside the school yard, picking their kids up, is usually not helpful because all that they are thinking about is their own kids, and their own triggers, and their own childhood experiences. It's really not helpful.

Another example was from E41 who wants a third party who has expertise in aggression to provide professional advice and support that cannot be obtained from the centre itself:

I think in terms of looking at bullying and young children's aggression, I guess it would be helpful to actually have someone that came in and discussed these things with us. And even questioned us, "how would you deal with it" and then talk us through further "you could do this, or you could do that" because of the experience that they've got.

4.5.4 Consistent Guidelines and Practice

A theme that emerged from the ECE interviews but not from the parent interviews is the theme of consistent guidelines and practice. The request to have consistent guidelines and practice involved ECEs wanting clearer guidelines on how to respond to aggression as well as consistency in practice amongst the other staff they work with. As ECEs are managed by organisations unlike parents, it is not surprising that this theme would be present in the ECE interview and not in the parent interview. There were four ECEs who stressed the need for ECEs to have consistency in managing children's aggressive behaviours and for organisations and governing agencies to provide clearer guidelines for educators. For example, E8 shared that the inconsistency amongst ECEs' beliefs and philosophies in managing early childhood aggression does not help in improving the situation in the centre while E24 felt the guidelines and expectations around ECEs needs to be

emphasised more to ensure that their practices align with one another and with the MOE's requirements as well:

I guess some professional development specifically around that, like what is expected of us. I think as a team it needs to be spoken about, so everybody is on the same page to make sure that it is consistent between teachers and across the board and it is what the ministry expects, what parents expect.

4.5.5 No Support Needed

Lastly, the theme of no support needed covered parents and ECEs who felt sufficient and do not need/want any additional support. From the 20 parents and 37 ECEs involved in the semi-structured interview, only three parents and five ECEs expressed that they do not need additional support in managing young children's aggressive behaviours. When asked further about their responses, P14 and P21 explained that as their children are not aggressive, they do not see the need for support in this area while P11 "feels pretty confident in dealing with kids' aggression".

P14 felt that with her background in education and child development and her experiences in teaching and being a mother of two, she "...feels relatively experienced in that area". However, when asked what type of PD she might be interested in, she replied, "If anything came up I would certainly be interested but nothing looks prevalent at this stage of where my children are and what they are doing." P21 described that she is currently receiving adequate support from the services she has access to. She listed Plunket, her child's ECEs and online sites as the types of support she is using currently. She also hopes that there will be the right support for her if she ever seeks it.

For the five ECEs, they either feel that they are already well-supported by their centre or that their experience in the field had sufficiently equipped them with the skills to address early childhood aggression in their centres: "I don't feel like I need anything extra than what I've got, I think that we can pretty much deal with most things, and I haven't had a situation that I haven't been able to deal with" (E20). However, three of these ECEs reflected on their professional experiences and shared the

types of supports other ECEs may need/want to assist them in having more success with children who are involved in aggressive behaviours. These supports were described in the themes above.

4.6 Chapter Summary

The findings demonstrated that parents and ECEs suggested a variety of intervention strategies to respond to young children's aggressive behaviours which may not necessarily align with the recommended strategies provided in the IYS. A range of needs were also expressed by parents and ECEs to help better support them in addressing young children's aggressive behaviours.

Intervention strategy themes found in the PA scenario are SEL, authority-based, involve others, relieve distress, and information seeking while the RA scenario had the above themes as well as an additional theme: ignore. For parents and ECEs, authority-based intervention strategies were the most frequently reported response for perpetrators in the PA scenario. Most parents and ECEs stated that they would teach SEL skills to the perpetrator in the RA scenario. The majority of the parents shared that they would relieve the distress of the victim in both PA and RA scenarios whereas most ECEs would relieve the distress of the victim in the PA scenario but use SEL related intervention strategies with the victim in the RA scenario. The theme “involving others” was the least reported suggestion by parents and ECEs when responding to perpetrator and victim in both the PA and RA scenarios. Overall, parents reported using authority-based intervention strategies most frequently in the PA scenario and information seeking related intervention strategies in the RA scenario. ECEs reported using SEL related intervention strategies the most in both PA and RA scenarios. For most parents and ECEs, teaching children skills and social rules was a common reason for their choice of intervention strategy and its effectiveness was based on children's learning and use of those skills in the future. Other reasons included personal experience and following of centre philosophy which saw parents and ECEs stating successes in the past as a sign that those intervention strategies will be effective.

Comparison with the recommended strategies in the IYS found some matches with the intervention strategies reported by the caregivers. This is mostly found with the SEL and authority-

based intervention strategies reported by parents and ECEs. Relieve distress and information seeking are intervention strategies not found in the IYS. Parents and ECEs also did not suggest praise, incentives/rewards, and manipulate classroom environment strategies that were recommended by IYS. The recommended strategy of ignore/redirection was found in the responses of caregivers in the RA scenario but not the PA scenario and the IYS do not have recommended strategies for the perpetrator of RA. Further investigation found that some of the intervention strategies suggested by caregivers although found in IYS were actually based on different context and intentions from the IYS. Additionally, it was noted that the IYS course materials focus more on PA than RA.

The unmet needs of parents and ECEs were found to be as follow: access to resources, programmes and courses, partnership, and consistent guidelines and practice. Most parents and ECEs want programmes and courses related to early childhood aggression to increase their knowledge and intervention skills. Forming partnerships between and amongst parents and ECEs was also highly regarded as a need that has to be met. A number of participants also felt that having more access to resources that can support them in addressing the young children's aggressive behaviour is needed. Few parents and ECEs indicated wanting consistent guidelines and practice while some stated that they feel adequate and do not need any support.

Chapter 5 Discussion

This thesis explores the needs of parents and ECEs who manage young children's aggressive behaviours on a daily basis. In order to better understand the types of support parents and ECEs want/need, specific questions asked in semi-structured interviews conducted within the larger study (Swit, 2018; Swit, 2019a; Swit, 2019b) were extracted to address the following research questions:

- 1) What are the intervention strategies suggested by parents and ECEs in response to young children's physical and relational aggression?
- 2) Do these intervention strategies align with the widely-used Incredible Years Series programmes in New Zealand?
- 3) What are the unmet needs of parents and ECEs in addressing early childhood aggression?

An analysis of the data found caregivers suggesting some intervention strategies that are not suitable for PA and RA. A gap between what research says and the practice amongst parents and ECEs was identified. Results also revealed parents and ECEs suggested intervention strategies that are found in the IYS programmes, although these strategies may not effectively target both forms of aggression. The investigation into the unmet needs of parents and ECEs discovered a wide range of supports that are wanted, and needed, by participants that are based on their individual contexts. The IYS that is currently offered widely to parents and ECEs in NZ may not be suitable in this case as it does not take into consideration the individual contexts of parents and ECEs when responding to early childhood aggression.

5.1 Intervention Strategies for Aggression

The intervention strategies described by parents and ECEs in this study differed considerably for perpetrators and victims in the hypothetical PA and RA scenarios. In the PA scenario, authority-based intervention strategies were reported the most for perpetrators, while relieving distress was the most common response for the victim. In the RA scenario, SEL related intervention strategies were suggested the most for the perpetrator and relieving distress and SEL related intervention strategies were popular responses for the victim. The appropriateness of these intervention

strategies selected by parents and ECEs is also an important consideration in terms of their effectiveness in reducing the use and effects of PA and RA in young children.

5.1.1 Intervention Strategies Suggested for Physical Aggression.

The frequent suggestions of authority-based related intervention strategies (e.g. negative consequences) on perpetrators of PA by parents and ECEs is consistent with past research and continues to be a concern (Colwell et al., 2012; Coplan et al., 2015; Hurd & Gettinger, 2011; Li et al., 2016; Lau, 2019; Swit et al., 2018; Swit, 2019a; Werner et al., 2006). Participants shared the belief that setting firm boundaries and consequences will teach and deter children from using these aggressive behaviours in the future. While these strategies may have some effectiveness in stopping PA immediately, young children may switch to other forms of aggression (i.e. from PA to RA) that is considered to be more acceptable during the early years (Colwell et al., 2012; Coplan et al., 2015; Hurd & Gettinger, 2011; Li et al., 2016; Lau, 2019; Smith-Bonahue et al., 2015; Swit et al., 2018; Swit, 2019; Werner et al., 2006). Eliminating one form of aggression through the use of sanctions and rules may not mean that all aggressive behaviours will be reduced. This is because young children may learn that certain aggressive behaviours, especially PA, will often lead to a negative consequence but other aggressive behaviours, such as RA, may not (Goldstein et al., 2002; Henry et al., 2000; Huesman & Guerra, 1997; Murray-Close et al., 2006; Musher-Eizenman et al., 2004; Swit et al., 2016; Werner et al., 2006; Werner & Grant, 2009; Werner & Hill, 2010).

Authority-based intervention strategies may also be ineffective due to the lack of positive modelling for children to adopt more positive social and emotional skills (Wachs et al., 2019). In the bullying literature, the use of authoritarian-punitive (i.e. authority-based) strategies by teachers has been found to be least effective in reducing aggression compared to other strategies that encourage discussion and cooperation (i.e. SEL related) with school-aged children (Wachs et al., 2019). Other studies have also found that authoritarian-punitive intervention strategies may create a negative classroom climate which is associated with increases in bullying behaviours (Allen et al., 2010; Ayers et al., 2012; Smith et al., 2004). While the focus of this study is on aggression, all bullying behaviours

are considered aggressive (Olweus, 1993; Leff et al., 2010; Ostrov et al., 2015; Rodkin, Espelage, & Hanish, 2015). Hence, the use of intervention strategies that are authority-based may be generally ineffective for aggressive behaviours as children need to be taught explicit social and emotional behaviours to replace aggressive behaviours (Wachs et al., 2019).

Furthermore, the way parents and ECEs respond to young children's aggressive behaviour may also influence their attachment relationship with the child. In early childhood, the fostering of positive attachment and a sense of security is important in promoting healthy development in young children (Rutter, 1995). Reliance on power assertive teaching and parenting practices may reduce the positive attachment and sense of security that children have with their caregivers (Bowlby, 1989). Poor and insecure attachment has been found to be associated with the development of internalising and externalising behaviours that affects a child's mental well-being (Fearon et al., 2010; Roskam, 2019). Hence, authority-based intervention strategies may not be the best in maintaining or building a strong and secure attachment that is needed between children and caregivers in the early years.

Similar numbers of ECEs were found to suggest either SEL or authority-based intervention strategies in the PA scenario. This finding differs from previous studies which have found ECEs respond with more authority-based intervention strategies than SEL related intervention strategies with PA (Hurd & Gettinger, 2010; Swit et al., 2018; Swit, 2019a). Swit et al. (2018) found that more than twice the ECEs responding to PA used power assertion and rule violation intervention strategies rather than discussion and encouragement intervention strategies. An explanation for this difference could be due to the early childhood curriculum (i.e. Te Whāriki) that is used in NZ. Te Whāriki emphasises teaching positive behaviours to prevent maladaptive behaviours and promote social and emotional competencies in young children (MoE, 2017). ECEs are expected to engage in more positive forms of intervention strategies that build social and emotional skills in young children when challenging behaviours occur. Te Whāriki also encourages ECEs to set "limits and boundaries of appropriate behaviours" (MoE, 2017, p.24) to increase young children's capability to show respect

for "Kaupapa, rules and the rights of others" (MoE, 2017, p.24). As such, ECEs in this study may have been trying to follow both or either guidelines in responding to the hypothetical PA aggressive scenarios; selecting SEL related intervention strategies to facilitate young children's social and emotional development and/or setting limits and boundaries through authority-based intervention strategies (e.g. indicate behaviour is inappropriate).

Previous studies have focused mainly on how parents and/or ECEs respond to the perpetrators of aggression, unlike the current study which included both perpetrator and victim. This is to examine the idea that the way parents and ECEs respond to perpetrators and victims in different aggression scenarios would differ (Swit, 2019a; Werner et al., 2006), and it is important to consider how victims are supported in aggressive situations. Findings from the current study found the majority of parents and ECEs suggested that they would relieve the distress of the victim in the PA scenario. Participants reported that they want to ensure the victim is safe and that the victim's needs are met as soon as the aggression occurs. The suggestion to relieve the distress of victims in the PA scenario may stem from parents' and ECEs' belief that PA is a harmful behaviour that can cause serious injuries (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019a). The more observable impact of PA (e.g. bruises, cuts, child crying) may also influence parents' and ECEs' attention to relieving the distress of the victims than responding with other intervention strategies. While it is important to ensure the safety and well-being of the victim, it is also crucial that parents and ECEs equip victims with the appropriate skills that can help them self-regulate and navigate through future aggressive situations (Ostrov & Kamper, 2015). However, due to the paucity of research and evidence-based programmes that address early childhood physical victimisation, it is not surprising that participants in this study rarely suggested other forms of intervention such as social support (i.e. involving others) or teaching social-emotional skills (i.e. problem-solving) that may be helpful for the victims (Kochenderfer-Ladd & Skinner, 2002).

5.1.2 Intervention Strategies Suggested for Relational Aggression.

SEL related strategies, such as promoting empathy and teaching pro-social skills were suggested frequently by parents and ECEs when responding to perpetrators of RA. In this case, the use of SEL related strategies may be suitable as systematic strategies such as problem-solving skills have been recommended by past literature to be a more effective method in addressing RA (Leff et al., 2019; Ostrov, et al., 2015; Smith-Bonahue et al., 2015). However, in this study parents and ECEs were found to suggest SEL strategies more with perpetrators of RA than PA. These findings are in line with previous studies which have found caregivers choosing gentler and more nurturing types of intervention strategies (i.e. teaching skills instead of reprimanding) when responding to perpetrators of RA (Colwell et al., 2012; Hurd & Gettinger, 2011; Lau, 2019; Swit et al., 2018; Swit et al., 2019a; Werner et al., 2006). At times, the perpetrator of RA may even be ignored by the adults as observed in this study. From a social learning perspective, young children who are observing the adults' differential responses may learn that RA is behaviourally more acceptable than PA because the adult did not intervene in the aggressive behaviour (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019; Werner & Grant, 2008). Hence, parents' and ECEs' responses to PA and RA should be commensurable, to demonstrate to young children that all forms of aggression are unacceptable.

Some parents and ECEs also suggested using authority-based intervention strategies in response to RA. As highlighted previously, an authority-based approach may not be as effective. Firstly, classroom rules like "You can't say you can't play" which were suggested by ECEs may reduce RA (Harrist & Bradley, 2003) but it may be insufficient in encouraging children to be pro-socially inclusive (Sapon-Shevin et al., 1998). For instance, children have been reported to show high levels of social dissatisfaction when they are bounded by rules to play with everyone (Harrist & Bradley, 2003). A number of parents and ECEs also excluded the perpetrator from play in the RA scenario (i.e. social exclusion). Although participants explained that they do so to teach the perpetrator that his/her behaviour is unacceptable, this may have an opposite effect. In this case, other children or

the victim who is observing the adults excluding the perpetrators may learn and model the relationally aggressive behaviours used by their caregivers (Casas et al., 2006; Nelson & Crick, 2002; Nelson et al., 2013). This may also further convey to young children that RA is acceptable since their caregivers are also using it on the children.

Mixed responses were also gathered from parents and ECEs on social exclusion. Some participants shared that exclusion is acceptable while others were firm on inclusivity. A paper by Ostrov (2014) written on the topic of social exclusion acknowledged that while not all social exclusion is aggressive, attention and early intervention should still be provided before the behaviour increases in severity. A closer analysis of the reasons for exclusion and inclusion also found most parents and ECEs choosing their intervention responses based on personal experience or following the centre's philosophy/rules instead of evidence-based research or parent/teacher training. Participants also frequently commented on wanting more information and context about the RA scenario before deciding on their responses. This differs from the PA scenario where most parents and ECEs did not seem to require additional information and were fairly confident in responding to the perpetrator. This finding aligns with studies on school bullying where teachers appeared more confident and readily responded to physical bullying incidents but were more hesitant when responding to relational bullying (Bauman & Del Rio, 2006; Burger et al., 2015). This, unfortunately, is not surprising given the limited resources and intervention programmes on RA for parents and ECEs in the early childhood context locally and internationally (Leff et al., 2010; Leff et al., 2018; Ostrov et al., 2009).

For victims, the majority of parents recommended relieving the distress of victims of RA, however, less than half of ECEs recommended this strategy. An explanation for this difference between ECEs and parents could be that ECEs view RA as developmentally appropriate behaviour that may help promote SEL in young children (Hurd & Gettinger, 2010; Swit, 2019). For example, there were ECEs who shared that social exclusion is *"quite a common thing for children to do"* and that they would stand back and let the victim resolve the situation and not respond immediately.

Thus, ECEs may not feel the need to intervene or immediately react to a RA situation. The different responses between home and childcare centre may cause some confusion for young children who require consistency to form a stable foundation for expected behaviour (Knoche et al., 2012).

A number of parents and ECEs had stated that they would not approach the victim unless the victim appeared upset. This is consistent with past studies which found that ECEs rely on the distress level of the victim to determine their intervention strategy (Bauman & Del Rio, 2006; Swit, 2019a). Such a finding is concerning because previous research has shown that children report feeling just as, or more distressed when they experience RA victimisation compared to PA victimisation (Goldstein et al., 2002; Ostrov et al., 2004; Waasdorp & Bradshaw, 2009). Support should be provided to young victims regardless of their distress level to help victims regulate their emotions as well as mitigate the negative impacts of victimisation (Godleski, et al., 2015; Hawker & Boulton, 2000; Kamper-DeMarco & Ostrov, 2017; Krygsman & Vaillancourt, 2019). Additionally, from a social learning perspective, when parents and ECEs choose to comfort victims of PA more than victims of RA, children may start to feel less worthy and emotionally validated by their caregivers (Swit, 2019a). This may eventually reduce the victim's confidence in approaching their caregivers in future RA situations (Goldstein & Boxer, 2013; Swit, 2019a).

Some participants also suggested that the victim may have antagonised the perpetrator beforehand and thus was excluded from the perpetrator's play. The reasons stated by these parents and ECEs were mostly based on personal experience in which they have encountered children who had disturbed the play of their peers. Interestingly, this suggestion was not brought up by any of the participants when responding to the PA scenario; neither parents nor ECEs thought that the victim may have provoked the perpetrator first which led to the child being pushed. This may indicate that when RA occurs, parents and ECEs are less confident that the perpetrator is at fault compared to PA (Bauman & Del Rio, 2006; Swit, 2019). The covert nature of RA may cause adults to infer the situation from children's behaviours or their personal experience (Bauman & Del Rio, 2006). Hence,

parents and ECEs may be more uncertain about who the instigator was in the RA scenario and felt a need to ascertain that the victim had not antagonised the perpetrator.

5.2 Incredible Years Series and Caregiver's Intervention Strategies

For the last 20 years, researchers have identified young children's capability to engage in different forms of aggression and challenging behaviours (Côté et al, 2007; Crick et al., 2004, Crick et al., 2006; Crick & Zahn-Waxler, 2003; Evans et al., 2019; Nelson et al., 2005; Ostrov & Crick, 2007; Ostrov & Keating, 2004). Despite this, the information and strategies found in the IYS appear to have remained the same. Yet, parents and ECEs continue to rely on these programmes to help with managing aggressive behaviours. This is worrying given that parents and ECEs should be equipped with current evidence-based knowledge that will allow them to effectively respond to young children's overt and covert behaviours.

5.2.1 *Physical Aggression Scenario*

A majority of parents and ECEs suggested SEL and authority-based intervention strategies in response to the hypothetical PA scenario. These intervention strategies align with those recommended in the IYS. The IYS encourages parents and ECEs to facilitate young children's social and emotional development and to respond to disruptive behaviours, such as aggression, with expectations and consequences (i.e. authority-based strategies). As such, the SEL strategies in the IYS are designed to prevent negative behaviour while the authority-based strategies are more reactive to the immediate behaviour used by the child. As discussed above, the use of authority-based intervention strategies to respond to aggressive behaviours have been regularly discouraged by research. Although the IYS recommend using these strategies sparingly, it does not have other strategies that are not power-assertive (i.e. negative consequence) and indicative of rule violation (i.e. behaviour rules, warning) to respond to the physically aggressive perpetrator. In this case, parents and ECEs who attend the IYS programme may not know of any other strategies other than authority-based intervention strategies to respond to PA even though these strategies are ineffective in leading to long term positive changes (Smith-Bonahue et al. 2015; Wachs et al., 2019).

Moreover, research on child development has found that young children have a higher tendency to use aggressive behaviours, especially PA, in social situations since they are still learning to regulate and express themselves in this early stage of life (Peterson & Flanders, 2005; Schult, 2002; Szerkowicz, 2004; Tremblay, 2000; Vitiello & Stoff, 1997; Wellman et al., 2000). The normative nature of PA in early childhood may suggest that parents and ECEs may not be able to fully prevent the PA of young children since some level of PA is normative during early childhood (Tremblay et al., 2004; Tremblay, 2000). Therefore, it is crucial that parents and ECEs understand the development of early childhood aggression and are equipped with effective strategies to intervene as well as role model appropriate social and emotional behaviours.

5.2.2 Relational Aggression Scenario

One of the most noticeable issues with relying on the IYS to respond to all forms of early childhood aggression is the programmes' lack of information about RA. In the IYS, parents and ECEs are provided with exemplar scenarios that include social exclusion and teasing but these behaviours are not identified as RA. The IYS programmes recommend that parents and ECEs respond to the victims of these behaviours by equipping the victims with social strategies and emotional regulation skills such as negotiating that will help these children enter play and/or stay calm. Such strategies may be helpful for victims of aggression however there appears to be a need for parents and ECEs to understand the rationale for their intervention strategies and how these strategies will facilitate positive social development and skills in young children. In contrast, fewer intervention strategies are suggested by the IYS to respond to the perpetrator of RA. Interestingly, many parents and ECEs in this study reported using SEL and information gathering intervention strategies with the perpetrator in the RA scenario. This suggests that parents and ECEs may be extending the strategies they use in their practice, beyond those recommended by the IYS as a way to further inform their intervention responses and decisions.

A small number of participants in the study reported ignoring/allowing social exclusion to take place. In the IYS, the strategy of redirection and ignoring of behaviours is recommended on the basis

that the disruptive behaviours are motivated by the child wanting to obtain attention from the parent or ECE. This is contextually different from RA situations where the perpetrator's intention is to manipulate the social relationships of the victim instead of seeking attention from the adults (Casas & Bower, 2018). By ignoring the RA and not equipping parents and ECEs with strategies to respond to perpetrators of RA, this may reinforce the already misinformed beliefs and attitudes that parents and ECEs have about RA; that it is not as serious as PA and is a typical part of child development (Coplan et al., 2015; Hurd & Gettinger, 2011; Lau, 2019; Li et al., 2016; Swit et al., 2018; Swit, 2019).

Comparison of the intervention strategies suggested by parents and ECEs with the recommended strategies of IYS further emphasised the gaps that are present between research and practice. The IYS as an evidence-based parent and teacher programme has been found to lack the comprehensiveness needed to improve parents' and ECEs' knowledge and practical strategies in responding to PA and RA in early childhood. Therefore, an investigation into the types of support parents and ECEs want and need is warranted to provide deeper insights into understanding the unmet needs of parents and ECEs.

5.3 Unmet Needs of Parents and ECEs

In this study, parents and ECEs were invited to share the types of support they want/need to help them more effectively respond to early childhood aggression. Participant's responses to the semi-structured interview indicated that they wanted more programmes and courses about young children's aggressive behaviours, a stronger partnership amongst and between parents and ECEs as well as other experts (e.g. psychologists), and resources (e.g. contemporary and relevant literature) related to early childhood aggression to be more accessible. The findings indicated that parents and ECEs would like additional support that is more closely focused on their individual contexts

5.3.1 *Filling the Gaps Between Theory and Practice*

The lack of knowledge and skills around early childhood aggression that was found above was recognised by participants in this study. Parents and ECEs indicated that they want to attend

programmes and courses that would impart them with the necessary knowledge and practical skills that can be used to effectively respond to young children's aggression. Findings also demonstrate that the types of knowledge and skills parents and ECEs want depends on the knowledge and experiences they already have. This is consistent with previous studies which often found parents wanting more knowledge and strategies that can help them better support their child in their context (Ellis et al., 2002; Hart et al., 2015b; Whitaker, 2002). Although no studies to the researcher's knowledge have explored the unmet needs of ECEs, the consideration of ECE's practical experience and knowledge in professional development is important. ECEs may become more engaged and empowered when programmes and courses acknowledge their individual experiences and scaffold their learning accordingly (Brown & Englehardt, 2016; Scarparolo & Hammond, 2018).

5.3.2 Support in the Community

The next unmet need most frequently described by participants is the need for stronger partnerships. This included parent-teacher partnership, parent-to-parent, ECE-to-ECE, and caregiver-to-expert partnerships. The need for partnerships may suggest a lack of support for parents and ECEs in the community with regards to young children's aggression. Having a strong partnership and network amongst parents and ECEs may help to increase the positive effects on children's behavioural and social-emotional outcomes (Billman et al., 2005; GonzalezMena, 2007; Kuhn et al., 2017; Mitchell et al., 2006; Sheridan et al., 2010; Ward, 2009; Webster-Stratton & Bywater, 2015), as well as the overall well-being of the caregivers too (Cohen et al., 2000; Holt-Lunstad & Smith, 2012; Lam, 2019; Trust & Horrocks, 2017).

In terms of aggressive behaviours, parents and ECEs may be requesting stronger partnerships because of the lack of knowledge that they may have about young children's aggression. The uncertainty and differing beliefs and perceptions on early childhood aggression may cause parents and ECEs to have disagreements about young children's aggressive behaviours, causing a breakdown in constructive communication, collaboration and the mutual respect needed for a strong partnership to be established (Dunst et al., 2002; Turnbull et al., 2011). The establishment of

different networks can provide a space for parents and ECEs to share information and resources, gain affirmation and emotional support from one another (López & Cooper, 2011) in their experience with aggressive children.

From a theoretical perspective, meeting this need for partnerships may also facilitate parents' and ECEs' personal development in addressing early childhood aggression through the positive interactions that will exist in the caregiver's microsystem with other parents, ECEs, and experts (Bronfenbrenner & Morris, 2006). Moreover, parents, ECEs and other experts that are more knowledgeable in responding to young children's aggressive behaviours may facilitate other caregiver's learning. Caregivers may learn through observation and modelling of their immediate social environment and the success experienced by caregivers may also motivate them and others to continue the implementation of particular strategies (Bandura, 2005; Luszczynska & Schwarzer, 2005). Additionally, increases in partnerships may allow strategies to be more consistently used at home and in the preschool. Consistent practices between the home and preschool were another need mentioned by some parents and ECEs. With consistent practices in home and school, the effectiveness of the intervention will increase as children will learn through the repeated interactions with their caregivers across different settings about the expectations for their behaviour (Bronfenbrenner & Morris, 2006).

5.3.3 Accessibility to Resources

The next most requested need by parents and ECEs in this study is having access to resources that can help support them with young children's aggression. This finding suggests that parents and ECEs in NZ may have difficulties getting the support they require and identifying where and how to obtain information and attend programmes and courses on early childhood aggression. Without awareness and accessibility to relevant resources, it may be counterproductive to have various supports available in the community as they will not be fully utilised. One way to increase accessibility may be to tap into internet-based resources and develop stronger partnerships with

parents, ECEs and the communities to ensure all individuals are aware of resources that may support their knowledge and skills in responding to early childhood aggression.

Internet-based resources and interventions with parents have been increasingly researched over the past few years and studies have found promising evidence in helping parents and teachers respond to various issues exhibited by their children through online resources (Baggett et al., 2010; Baker et al., 2017; Carlon et al., 2017; Enebrink et al., 2012; Mixon et al., 2019; Morgan et al., 2017; Owens et al., 2019; Sanders et al., 2012; Suárez et al., 2018). One example is ParentWorks, a free self-directed online parenting programme designed by Collins and colleagues (2019) in Australia. Using an online platform, the programme aims to provide parents with the strategies and confidence with managing behavioural issues like non-compliance for children aged two to thirteen.

Through the internet, parents and ECEs will be able to access information readily online in their own time and location. Extended support, such as providing guided access and ensuring a user-friendly interface can further enhance the accessibility of web-based resources and help caregivers navigate and find useful information and programmes they specifically need (Carlon et al., 2017). Moreover, online peer support and discussion boards for parents and ECEs can also facilitate in the communication and partnership (Brady & Guerin, 2010; Chan, 2008; Fletcher & StGeorge, 2011; Hajisoteriou et al., 2018; Marcià & García, 2018; Risser et al., 2019; Visser et al., 2014) that are highly sought after by participants in this study too.

Essentially, one of the first steps in meeting the unmet needs of parents and ECEs may be to address the issue of accessibility to resources. By increasing accessibility to resources, parents and ECEs will be able to participate and utilise the resources (e.g. intervention programmes, support networks) they want/need more easily. In addition, some participants also shared a decrease in their ability (i.e. lack of time) to access resources due to government policies and limited funding (e.g. having teacher-aides or external experts). While these needs are unfortunately beyond the scope of an intervention programme, it is recommended that government agencies also investigate the

unmet needs of parents and ECEs at a national policy level to improve the accessibility of resources for parents and ECEs.

5.4 Chapter Summary

This chapter brings together the findings from the study and the literature currently available around early childhood aggression. Findings revealed a gap between scientific knowledge and daily practices of parents and ECEs. This was evident in some of the intervention strategies suggested by participants which have been found by past research to be ineffective in reducing both PA and RA in young children. The supports provided by caregivers to victims of aggression may also be inadequate in helping them navigate through aggressive situations. These findings are not surprising since there exists a paucity in research on early childhood victimisation and intervention for RA. Differential responses of caregivers on perpetrators and victims of PA and RA may continue to reinforce the normative beliefs that RA is typical and less harmful compared to PA. This belief may later be adopted by young children who are observing and learning the acceptability of various behaviours.

Parents and ECEs were found to suggest some intervention strategies that align with the IYS. However, a closer look indicated that the strategies recommended in the IYS may not be suitable for covert forms of aggression. Parents and ECEs will not be able to gain knowledge and skills that can help them address RA in young children. The absence of information and materials that comprehensively cover both PA and RA may further fortify caregiver's beliefs on the severity of RA. Currently, there is a lack of research as well as intervention programmes that can equip parents and ECEs with the tools needed to understand and effectively respond to RA in early childhood.

Finally, parents and ECEs recognised this lack of knowledge and skills in responding to PA and RA and requested supports that can fill the gap that is currently present. Many parents and ECEs indicated that they want more social support from the community to help them connect and share ideas with other parents and ECEs. Increased accessibility to these supports was also wanted/needed by the participants which may be facilitated through the internet and online social networks. More importantly, these supports wanted/needed by parents and ECEs are often based

on their individual context. This information will be important in directing future intervention programmes to not only equip caregivers with the appropriate knowledge and skills but to also be more responsive to the unmet needs of parents and ECEs.

Chapter 6 Conclusions

This study highlighted some implications for future research, especially for professionals, organisations, and agencies who are seeking to design early intervention programmes for parents and ECEs in the area of early childhood aggression. The strengths and limitations of this study are addressed in this chapter. This thesis contributes to the expanding literature on early childhood aggression and hopes to provide better insights into the unmet needs of parents and early childhood educators in New Zealand.

6.1 Implications and Future Directions

Firstly, this study uncovered the level of knowledge and practice NZ parents and ECEs currently have about young children's RA and PA. A gap between research and daily practice was observed in the frequent suggestion of intervention strategies that have been known to be ineffective and even detrimental to children's social and emotional wellbeing (e.g. authority-based related intervention strategies). In general, numerous studies have been conducted on aggression in school-aged children, however, young children use aggressive behaviours daily, suggesting that more research needs to be conducted in the early childhood developmental period. Young children who are aggressive during early childhood may remain aggressive into childhood and adulthood if they do not receive effective interventions or alternative prosocial strategies (Alink et al., 2006; Crick, 1996; Huesmann et al., 2009; Lochman et al., 2010). Thus, early childhood as a malleable stage in the child's life is a critical period that can weaken the stability of aggressive behaviour. Future resources will be needed to increase awareness of the use of more positive teaching and parenting strategies (e.g. emotional regulation skills). Education on early childhood aggression, especially on RA, to parents and educators will also be crucial in targeting normative beliefs and preventing differential responses that may confuse or reinforce aggressive behaviours in young children. More research on the strategies that are effective for RA in early childhood will also be essential to provide parents and ECEs with the confidence needed in responding to young children's RA.

Since research has recommended avoiding authority-based related intervention strategies when responding to aggressive behaviours, Te Whāriki's guideline of setting limits and boundaries for behaviours may not be the most suitable for aggression. This may be confusing for educators who have not received training about early childhood aggression. A fact emphasised by Levin (2013) was that teachers, in general, do not consume much original education research. Teachers tend to not read research journals (Williams & Coles, 2007) although studies have found that teachers across all levels are interested in research findings that can help them in their daily practice (Berhstock et al., 2009; Biddle & Saha, 2002; Cordingley, 2008; Landrum et al., 2002; Rickinson, 2005). This interest in research findings has been observed in this study too; both parents and educators have expressed the desire for more knowledge and easier access to evidence-based knowledge. Therefore, it might be useful for future intervention programmes to refer to the local early childhood curriculum as well as provide more opportunities for educators to read and have access to relevant evidence-based material on early childhood aggression.

Given the lack of understanding about young children's experiences of victimisation and the roles parents and ECEs play in supporting victims, more research in this area should be carried out. It might also be interesting for future research to explore the characteristics, factors, and/or variables that parents and ECEs take into consideration when determining whether they will respond to the victims of PA and RA. These will increase our understanding of the differential responses of parents and ECEs toward victims of PA and RA as well as why parents respond differently to ECEs. Such insights can help inform future practices and create more consistency in how parents and ECEs support victims at home and in early childhood centres.

Even though the IYS lacks the knowledge and strategies needed to effectively respond to early childhood aggression, it still has some useful strategies that can help prevent aggressive behaviours. By providing resources on RA and PA specifically that supplement the strategies from the IYS, it may educate parents and ECEs and increase their awareness about RA. This will allow parents and ECEs to

realise the importance of implementing early intervention and prevention strategies to support children's development of prosocial behaviours. Furthermore, the government has already invested an estimated NZ \$7.6 million (Robertson, 2014) to implement the IYS in NZ. Hence, it may be more practical to adapt the IYS instead of designing a new intervention programme.

As different parents and ECEs have different knowledge and skills about young children's aggression, the development of resources should also take into consideration the types of support parents and ECEs want/need in their specific context. To assist in the development of these resources, this thesis has extended its research into the unmet needs of parents and ECEs. By asking parents and ECEs directly about their needs, this study helps to raise awareness on how organisations and agencies in NZ can better support parents and ECEs in addressing young children's aggression. Future resources should be flexible and responsive to the differing needs that each parent and ECE will have in their unique individual contexts. Universal intervention programmes, such as the IYS, that provide the same single-tier of learning and resources may not be adequately meeting the different levels of expertise parents and ECEs bring with them into the course. Perhaps adapting the IYS into a programme with multiple skill levels for parents and ECEs to choose from may increase the programme's responsiveness towards the individual contexts of caregivers. For example, the Triple P-Positive Parenting Programme (Sanders, 2012) has a multilevel structure that allows parents to choose from the type of resources and support they want depending on their prior knowledge as well as their child's level of behavioural concerns.

It is also recommended that future resources on early childhood aggression focus on building the partnership amongst parents, ECEs and other experts. Alignments and consistency between parent and teacher programmes will be required to promote consistency. This will allow parents and ECEs to be on the same page which will, in turn, facilitate and improve communication between home and early childhood centre (Domitrovich & Greenberg, 2003; Waasdorp et al., 2016). In addition, the strengthening of partnership helps to create a community in which parents and ECEs

can seek support. Moreover, future programmes can also draw references from the early childhood curriculum (i.e. Te Whāriki) which highly values partnerships to provide quality education to young children (MoE, 2017). Alignment with Te Whāriki may also create a more culturally appropriate programme for the diverse cultures found in NZ. More importantly, parents' and ECEs' demand for access to resources is a call for relevant organisations and agencies to increase efforts in making resources more easily available and attainable to the public. Without access, parents and ECEs will not be able to obtain the support they need even though those supports are present in the community. Future studies may also be interested in exploring the effectiveness of internet-based resources that address early childhood aggression for parents and ECEs to determine whether such a resource can help increase the accessibility and usefulness of resources focused on early childhood aggression. This study hopes to also encourage more replication in the research on unmet needs of parents and ECEs in effectively addressing early childhood aggression so that resources are continuously improved and updated to meet the current needs of caregivers.

6.2 Strengths and Limitations

One of the strengths in this study is the large number of participants which was made available due to the larger study (Swit, 2018; Swit 2019a; Swit 2019b) conducted previously. A larger sample of participants allows the qualitative analysis to obtain a range of voices and patterns to emerge leading to the formation of various codes and themes that may not have existed with a small sample size (Braun & Clark, 2013). The sample size in this study was hence able to uncover a variety of experiences from parents and ECEs and generated several codes and themes that were found in past literature as well as themes that were novel to this study.

This study also helped to extend the existing literature and provided novel contributions to the field of early childhood aggression, specifically on the unmet needs of parents and ECEs. Firstly, this study included qualitative information that had been collected from both parents and ECEs, unlike previous research that has predominately focused on either parents or educators and not both together. This study acknowledges that, from a social learning perspective, both parents and

ECEs play a critical role in facilitating young children's social development. Thus, the findings of this study have provided some insights into the similarities and differences parents and ECEs may have on early childhood PA and RA. This information will allow future intervention programmes to more effectively target the strategies and supports that are relevant to parents and ECEs.

Findings from this study on the intervention strategies used by parents and ECEs and their reasons for choosing the respective intervention strategies reinforced the findings from both local and global research on the level of knowledge parents and ECEs have about relational and physical aggression. Furthermore, the analysis of intervention strategies used to respond to victims in hypothetical aggressive situations adds to the growing literature on victimisation and may encourage more exploration on effective strategies parents and ECEs can use to respond to young victims of aggression. More importantly, this study provides an original contribution to the field as no previous studies had explored the unmet needs of parents and ECEs in responding to early childhood aggression. Findings from this study provided novel insights into the types of support parents and ECEs in New Zealand want/need to effectively address early childhood aggression that can help inform future intervention programmes and government policies. Future replication of this study will assist in the continual progression and updating of resources and supports for parents and ECEs as needs are bound to change through the years.

Despite these strengths, this study also has some limitations. As data was obtained from the larger study, certain flexibility during the participant recruitment, selection, and interview process could not be achieved. Firstly, most of the participants who agreed to do the follow-up semi-structured interview, which this study's data is based on, are females, identify as New Zealand Europeans and have completed at least tertiary education. Parents and ECEs of different genders, cultural identities, and education backgrounds in New Zealand may use intervention strategies that are different from participants in this study. Wider representations of caregivers from different backgrounds in future studies will help provide a broader perspective on the knowledge and skills of caregivers in a diverse population like New Zealand. While this may also be true in the unmet

needs of parents and ECEs, this study's emphasis on meeting the needs of parents and ECEs based on their individual context may nullify this limitation if future supports can be flexible and adaptive to the needs of caregivers from different genders, cultures and education levels.

Secondly, the use of existing data prevented the researcher from clarifying and asking more questions during the interview process. As the semi-structured interviews were already conducted and transcribed, the researcher of this study was unable to directly engage with the participants. It was found that a few participants have missed some of the main questions asked by the interviewer. This may be due to the way the questions were asked by the interviewer or the interviewer felt that the participant had already responded to the question. For the question on the intervention strategies used, the interviewer asked the question and its subsequent parts all at once instead of breaking them up. This may have caused a few participants who were really focused on answering the first part of the question to forget the second part of the question and some of these were also not followed up by the interviewer during the interview. Although it would have been best to have all questions answered by the participants, the number of participants who answered all of the questions is still considered relatively large (Braun & Clarke, 2013) and it is unlikely that these missing responses will affect the overall results and key themes identified in the analysis.

Another limitation is that no data was actually collected on whether parents and ECEs had completed the IYS. Prior experiences with the IYS may have influenced the intervention strategies suggested by participants in this study as well as the types of support they want/need. However, this influence will not affect the findings since the IYS is not an exclusive programme for aggressive behaviours and the supports wanted/needed by parents and ECEs are still determinant on their personal experiences and expertise on aggression.

Due to the limited time and funding of this study, the researcher was not able to participate in any of the IYS programmes that are offered in NZ. Knowledge on the IYS was obtained from journal articles, IYPP and IYTP training materials and books as well as online resources. Hence, the researcher could not obtain the full experience and understanding one might have gotten from

attending the IYS programmes. However, the IYS has a fixed curriculum and similar training delivery and processes across all its programmes (Webster-Stratton & Herman, 2009). This means that the key learning concepts and ideas would be found in the resources (i.e. training materials and books) available to the researcher. Thus, while the researcher may miss certain information that is presented during the programmes, the recommended strategies that are found in the resources would be sufficient for the study.

6.3 Conclusion

This thesis contributes to the current literature by extending our understanding of the unmet needs of parents and ECEs in responding to early childhood aggression. The results presented a variety of intervention strategies used by parents and ECEs in response to perpetrators and victims of PA and RA. This study is the first to compare these intervention strategies with the recommended strategies from the popular SEL programme, IYS. Furthermore, it is also the first known study to investigate the types of support parents and ECEs want and need to better respond to early childhood aggression. Through this study, it was found that an increase in awareness and education has to be in place to better support parents and ECEs on the topic of early childhood PA and RA. The IYS that is implemented in NZ may be effective for various disruptive behaviours but it is not best suited for aggression. Parents and ECEs who want to learn more about PA and RA will not be comprehensively informed through the IYS. More resources on RA in early childhood need to be developed for parents and ECEs. Future parent and teacher programmes that target young children's PA and RA will need to take into consideration the individual contexts of parents and ECEs as every caregiver has different needs/wants. Improvements in accessibility to resources for parents and ECEs is also a crucial factor that needs to be considered by the government and other agencies. Most importantly, an investigation into the unmet needs of parents and ECEs is a continuous process. Local supports provided to parent and ECEs will have to be constantly updated to stay relevant to the current context of caregivers.

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Appendix - Interview Protocol

Here are just two of the scenarios that you were presented with in the online questionnaire. These are the types of behaviours I want you to think about when responding to each of these interview questions.

Scenario one

During free play you witness a child say to another child, “No. I already told you that you can’t play with us.” The child is left isolated and plays alone.

Scenario Two

The group is getting ready to go outside and the children are in line at the door. You see a child push another child to the ground in order to get to the front of the line.

Question 1

Can you tell me a little more about your thoughts about these two scenarios in terms of how serious you perceive these behaviours to be?

Question 2

(If the participant views these two scenarios differently in terms of seriousness) why do you perceive these behaviours differently? What makes one scenario more serious than the other?

Question 3

What are some of your main concerns about the behaviours presented in each of the scenarios?

Question 4

How would you respond to the perpetrator and victim in each of these scenarios?

- a. Why did you choose to use this strategy?
- b. Why do you think this strategy would be effective?

Question 5

Is there any particular children who you would expect to use behaviours described in scenario one? Can you describe these children?

Question 6

Is there particular children who you would expect to use behaviours described in scenario two? Can you describe these children?

Question 7

Can you describe bullying behaviours used by children between the ages of 3-5?

Question 8

How do these behaviours differ to those described in the scenarios above?

Question 9

Once you’ve identified a bullying situation, what are the steps you would use to respond or intervene with the perpetrator and the victim?

Question 10

What do you believe to be the major cause of bullying in children between the ages of 3-5 years?

Question 11

What are some of your main concerns about bullying used by young children?

Question 12

What is the role of teachers and parents in responding to young children’s negative social behaviours?

Question 13

Are there any situations when ignoring aggressive behaviour is appropriate?

Question 14

What additional support do you feel you need (or would like) as a parent/educator to better understand and respond to young children’s aggression?